

2024 BENEFIT KIT

SCAN Retiree Group

Los Angeles City Employees
Retirement System
(LACERS) (HMO)

January 1, 2024 - December 31, 2024

California



*Proudly keeping seniors healthy
and independent for 45 years*

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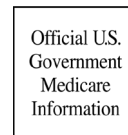


THE SCAN STORY

SCAN has been keeping seniors healthy and independent for over 45 years. Today, SCAN remains committed to making sure older adults can live their best lives at any age. And 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.

IMPORTANT INFORMATION:

2023 Medicare Star Ratings



SCAN Health Plan - H5425

For 2023, 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

The number of stars show how well a plan performs.

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

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 711 (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).

2024 Benefit Highlights

SCAN Retiree Group Los Angeles City Employee Retirement System (LACERS) (HMO)



January 1, 2024 - December 31, 2024

COMPREHENSIVE CARE

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

Inpatient Hospital Care	\$0
Skilled Nursing Facility	\$0 (days 1- 100)
Outpatient Surgery	\$0
Outpatient Rehabilitation Services	\$0
Worldwide Emergency Care	\$50
Worldwide Urgent Care Services	\$10
Ambulance Services	\$0

PRESCRIPTION DRUG COVERAGE

Part D Deductible - \$0

Initial Coverage Stage – SCAN Contracted Retail Pharmacy (1-month/30-Day Supply)

	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%
Tier 6: Select Care Drugs	\$11	\$11

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

Routine Hearing Test	\$10 (1 per year)
Hearing Aid Fitting Evaluations	\$10 (within the first year of purchase)
Hearing Aid Allowance	\$4,000 hearing aid(s) allowance every 2 years
Routine Chiropractic Services	\$10 (up to 20 visits every year)
Routine Acupuncture	\$10 (up to 20 visits every year)
Routine Transportation	\$0 (unlimited trips per year)
Health Club Membership	\$0
Telehealth Services	\$0
BrainHQ	\$0
SCAN HEALTH <i>tech</i>	\$0
Abridge	\$0 Technology enabled app to help remember important health conversations

ADDITIONAL BENEFITS AND SERVICES

Solutions for Togetherness - SCAN Learning Communities	\$0 In-person and virtual health education classes to maintain good mental and physical health
Solutions for Caregivers - Caregiver Training and Support - Home-delivered Meals	\$0 In-person and virtual skill training and support for caregivers Home-delivered meals are available to members with chronic conditions up to 28 days/84 meals
Nurse Advice Line	You pay \$0 The Nurse Advice Line benefit allows you to seek advice from a nurse based on current symptoms, 24 hours a day, 7 days a week. Qualified nurses can help manage your symptoms and help you decide where and how to seek medical care. The Nurse Advice Line can be accessed either by telephone or using secure video capabilities from your computer or smart phone.

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 \$850 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.

Homemaker Service You are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.	You pay \$15 per visit
Home Delivered Meals You are covered for home delivery of meals to meet nutritional needs.	You pay \$0
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.	You pay \$15 per visit
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.	You pay \$0
Transportation Escort Services You are eligible to receive an escort to assist you during transportation to and from medical appointments.	You pay \$15 per visit
Personal Care Coordinator SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.	You pay \$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.

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

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.	You pay \$0
In-Home Caregiver Relief SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.	You pay \$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.	You pay \$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.	You pay \$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.	You pay \$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.

Summary of Benefits

2024

SUMMARY OF BENEFITS

SCAN Retiree Group
Los Angeles City Employees Retirement System
(LACERS) (HMO)
California

January 1, 2024 - December 31, 2024

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

The benefit information provided is a summary of what we cover and what you pay. It 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.

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08/23 24EG-CASMB111



SUMMARY OF BENEFITS

JANUARY 1, 2024 - DECEMBER 31, 2024

PREMIUM AND BENEFITS	LACERS	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.
Deductible	You pay \$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	You pay \$0	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization rules apply.
Outpatient Hospital Coverage <ul style="list-style-type: none"> Ambulatory Surgical Center Outpatient Hospital 	You pay \$0 You pay \$0	Prior authorization is required for outpatient hospital visits.
Doctor Visits <ul style="list-style-type: none"> Primary Care Specialists 	You pay \$10 copay per visit You pay \$10 copay per visit	Prior authorization is required for specialist visits.
Preventive Care	You pay \$0	Any additional preventive services approved by Medicare during the contract year will be covered. Prior authorization rules apply.
Emergency Care	You pay \$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.

PREMIUM AND BENEFITS	LACERS	WHAT YOU SHOULD KNOW
Urgently Needed Services	You pay \$10 copay per visit	You are covered for worldwide urgent care services.
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology • Diagnostic radiology (e.g., MRI, CT) 	You pay \$0 You pay \$0 You pay \$0 You pay \$0 You pay \$0	Prior authorization rules apply for diagnostic, lab, and imaging services.
Hearing Services <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 	You pay \$10 copay per visit You pay \$10 copay for up to 1 visit per year You pay \$10 copay within the first year of purchase You are covered up to \$4,000 for up to 2 hearing aids every 2 years	Prior authorization rules apply for Medicare-covered diagnostic hearing and balance exams. You must go to a SCAN-contracted provider to obtain a routine hearing exam and hearing aids.
Dental Services <ul style="list-style-type: none"> • Medicare-covered dental services • Non-Medicare-covered (routine) oral exam • Non-Medicare-covered (routine) dental cleanings • Non-Medicare-covered (routine) dental X-rays 	You pay \$10 copay per visit Not covered Not covered Not covered	Prior authorization rules apply for Medicare-covered dental services.

PREMIUM AND BENEFITS	LACERS	WHAT YOU SHOULD KNOW
Vision Services <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases of the eye • Medicare-covered glasses after cataract surgery • Non-Medicare-covered (routine) vision exam • Non-Medicare-covered (routine) glasses or contact lenses • Non-Medicare-covered (routine) vision coverage limit 	<p>You pay \$10 copay per visit</p> <p>You pay \$10 copay per visit</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>	<p>Prior authorization rules apply for Medicare-covered vision exams and glasses after cataract surgery.</p> <p>Routine vision services do not require a prior authorization.</p> <p>You must go to a SCAN-contracted vision provider to obtain routine vision services.</p>
Mental Health Services <ul style="list-style-type: none"> • Inpatient visit • Outpatient individual/group therapy visit • Outpatient individual/group therapy visit with a psychiatrist 	<p>You pay \$0 per admission</p> <p>You pay \$0</p> <p>You pay \$0</p>	<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	<p>You pay \$0 for days 1-100</p>	<p>Prior authorization rules apply for skilled nursing facility services. You are covered for up to 100 days per benefit period.*</p> <p>No prior hospitalization is required.</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.

PREMIUM AND BENEFITS	LACERS	WHAT YOU SHOULD KNOW
Physical Therapy	You pay \$0	Prior authorization rules apply for outpatient physical therapy services.
Ambulance	You pay \$0 per one-way trip	
Transportation (Non-Medicare-covered - routine)	<p>You pay \$0 for unlimited one-way trips per year</p> <p>75-mile limit applies to each one-way trip</p>	<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>	Prior authorization rules apply to select drugs.

OUTPATIENT PRESCRIPTION DRUGS (PART D DRUGS):

You pay the following:

LACERS

	Preferred Retail & Mail-Order (in-network) (30-day supply)	Standard Retail & Mail-Order (in-network) (30-day supply)	Preferred Retail (in-network) (100-day supply)	Standard Retail & Mail-Order (in-network) (100-day supply)	Preferred Mail-Order (in-network) (100-day supply)
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Part D Deductible — You pay \$0

Initial Coverage Stage

Tier 1 (Preferred Generic)		You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10
Tier 2 (Generic)		You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10
Tier 3 (Preferred Brand)	Insulin	You pay \$20	You pay \$20	You pay \$40	You pay \$40	You pay \$40
	Other Drugs	You pay \$20	You pay \$20	You pay \$40	You pay \$40	You pay \$40
Tier 4 (Non-Preferred Drug)		You pay \$20	You pay \$20	You pay \$40	You pay \$40	You pay \$40
Tier 5 (Specialty Tier)		You pay 25%	You pay 25%	Not available	Not available	Not available
Tier 6 (Select Care Drugs)		You pay \$11	You pay \$11	You pay \$33	You pay \$33	You pay \$33

Catastrophic Coverage Stage

You stay in the Initial Coverage Stage until your yearly out-of-pocket costs reach \$8,000. After your yearly out-of-pocket drug costs reach \$8,000, 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.

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

BENEFITS	LACERS	WHAT YOU SHOULD KNOW
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable Medical Equipment (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs) Diabetic supplies 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</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>
Telehealth Services	You pay \$0	<p>A visit with board-certified doctor 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 doctors can be conducted by secure video capabilities from your computer or smart phone.</p>
Wellness Programs <ul style="list-style-type: none"> Health club membership 	You pay \$0	You are covered for SCAN-contracted health clubs in your area.
BrainHQ	You pay \$0	Online games to keep your brain healthy and active.
Solutions for Virtual Care Access <ul style="list-style-type: none"> HEALTHtech Abridge 	You pay \$0	<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>Technology enabled app to help remember important health conversations.</p>

BENEFITS	LACERS	WHAT YOU SHOULD KNOW
Solutions for Togetherness <ul style="list-style-type: none"> • SCAN Learning Communities 	You pay \$0	Learning Communities brings like-minded people together for in-person health education classes to maintain good mental and physical health.
Solutions for Caregivers <ul style="list-style-type: none"> • Caregiver training • Home-delivered meals 	You pay \$0	<p>This series of classes provides information, skills training and support for caregivers.</p> <p>Up to 28 days of home-delivered meals are available to members with chronic conditions.</p>
Nurse Advice Line	You pay \$0	<p>The Nurse Advice Line benefit allows you to seek advice from a nurse based on current symptoms, 24 hours a day, 7 days a week. Qualified nurses can help manage your symptoms and help you decide where and how to seek medical care.</p> <p>The Nurse Advice Line can be accessed either by telephone or using secure video capabilities from your computer or smart phone.</p>

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Home Delivered Meals You are covered for home delivery of meals to meet nutritional needs.	You pay \$0
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.	You pay \$15 per visit
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.	You pay \$0
Transportation Escort Services You are eligible to receive an escort to assist you during transportation to and from medical appointments.	You pay \$15 per visit
Personal Care Coordinator SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.	You pay \$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.

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

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.	You pay \$0
In-Home Caregiver Relief SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.	You pay \$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.	You pay \$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.	You pay \$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.	You pay \$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.

SCAN Retiree Group - LACERS 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?	You must: <ul style="list-style-type: none">- have both Medicare Part A and Part B- live in the plan service areas (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Alameda, Fresno, Madera, San Francisco, San Mateo, Santa Clara and Stanislaus counties, California)- be a United States citizen or be lawfully present in the United States
Phone Number (Members)	1-800-559-3500
Phone Number (Non-Members)	1-877-230-7226 Calling this number will direct you to a licensed insurance agent.
TTY	711
Hours of Operation	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 Messages received on holidays and outside of our business hours will be returned within one business day.
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.

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 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). 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.

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 1-877-230-7226 (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.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit www.scanhealthplan.com or call 1-877-230-7226 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

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, 2025.
- ☐ 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).

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

SCAN Member Services
PHONE: 1-800-559-3500
FAX: 1-562-989-0958
TTY: 711

Or by filling out the "File a Grievance" form on our website at:
<https://www.scanhealthplan.com/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 <http://www.hhs.gov/ocr/office/file/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 http://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: Առողջության 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 کافیت 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 ਦੁਬਾਸੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਬਾਸੀਆ 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: เรามีบริการล่ามฟรีเพื่อตอบข้อสงสัยต่าง ๆ ที่คุณอาจมีเกี่ยวกับแผนสุขภาพและด้านเภสัชกรรมของเรา ขอความช่วยเหลือจากล่ามโดยโทรติดต่อเราที่หมายเลข 1-800-559-3500 เจ้าหน้าที่ในภาษาไทยจะเป็นผู้ให้บริการโดยไม่มีค่าใช้จ่ายใด ๆ

Lao: ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງ ພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ເບິ່ງແດງໂທຫາພວກເຮົາທີ່ເບີ 1-800-559-3500. ບາງຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພຣີ.

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 Arzneimittelpflicht. 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.

Notes

Additional Plan Information

Benefits Beyond Original Medicare

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.

Your SCAN benefits may include coverage for these services — and more:



Routine Transportation



Telehealth & Technology



Chiropractic and Acupuncture
Services



Routine Hearing



Nurse Advise Line



Meal Delivery



Health Club Membership

Check out your “more than original Medicare” benefits on the following pages.

For more information:

- Contact the companies directly
- Visit scanhealthplan.com/extras
- Call SCAN at **1-800-559-3500 (TTY: 711)**

SCAN Retiree Group - LACERS (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan or SCAN Desert Health Plan depends on contract renewal. These program offerings may vary based on county. Check the plans *Evidence of Coverage* for details.



Core Extras



Transportation Services (routine)

SafeRide Health

SCAN provides routine transportation for your health related needs.

- Curb-to-curb transportation to medical appointments, pharmacies, and dentists. Some plans may offer rides for non-medical purposes such as fitness locations.
- Taxi, wheelchair vans and other vehicle types to meet people's physical needs
- 75-mile limit applies to each one-way trip

SafeRide

To schedule a ride or request a pick up:

1-844-714-2218

7 a.m.–6 p.m. PT,
Monday–Friday

Available 24 hours a day,
7 days a week



Chiropractic and Acupuncture Services (routine)

American Specialty Health

SCAN offers chiropractic and acupuncture services benefit through American Specialty Health (ASH) for most plans.

- This is a self-referred benefit, which means you don't need a doctor's referral to receive these services
- Call a participating provider to schedule an initial examination
- Choose from the large network of ASH providers

American Specialty Health (ASH)

To find a provider near you, call:

1-800-678-9133

5 a.m.–6 p.m. PT,
Monday–Friday

Or go to:

ashlink.com/ash/scan



Hearing Services (routine)

TruHearing®

Experience the newest technology that lifts voices from background noise and makes conversations easier.

- Unmatched Service — Our Hearing Consultants schedule an exam, fitting, and follow-up with a licensed provider near you
- High-quality hearing aids in a variety of colors and styles
- Risk-free 60-day trial period
- 1 year of follow-up visits with purchase
- Full 3-year manufacturer warranty
- 80 batteries per aid

TruHearing

1-844-255-7148
(TTY 711)

8 a.m.–8 p.m. PT,
Monday–Friday

Or go to:

truhearing.com/scan

Offering may vary based on plan and county. Check the plan's *Evidence of Coverage* for details.



SCAN Travel Assurance Worldwide Coverage

With SCAN you can travel with confidence, knowing your SCAN coverage travels with you anywhere you go. Members will have access to resources that facilitate the reimbursement of approved claims.

The SCAN Travel Assurance Kit includes some helpful information like what to do if you see a doctor while traveling, holds your SCAN ID card and even provides a claim form for you to use when you return from your trip.

To request a SCAN Travel Assurance kit call:

SCAN Member Services
1-800-559-3500



SCAN *on the go*

SCAN goes where you go.

Life can take you many places, so SCAN goes where you go. Whether you're out of town, across the country, or on another continent, you can count on SCAN to be there, too, with benefits to help you stay healthy and safe. And if you need care, we're there with coverage you can count on.

Benefits available on the go include urgent care, CVS Minute Clinic, fitness, telehealth and more... At home or on the go, we've got you covered.

To request a SCAN *on the go* kit call:

SCAN Member Services
1-800-559-3500

Offering may vary based on plan and county. Check the plan's *Evidence of Coverage* for details.

Solutions for Virtual Care Access



Telehealth Services — Urgent Care



Telehealth services from Included Health gives you 24/7/365 access to medical providers. Book a visit when you're having a non-emergency medical issue or want convenient access to urgent care.

- Board-certified doctors and Nurse Practitioners (NP) can diagnose your non-emergency symptoms, recommend a treatment plan, and send prescriptions to a local pharmacy in the SCAN network
- Get care from anywhere, on a secure video call using your smartphone, tablet, or computer

To register and access the urgent care benefit, go to:

doctorondemand.com/scan

24 hours a day, 7 days a week



Nurse Advice Line



Get medical advice when you need it. Sometimes it's difficult to know what type of medical care you need. That's why we have telephone advice nurses available to help you.

- Advice nurses are registered nurses specially trained to help assess medical problems and provide advice over the phone when medically appropriate
- Speak with a Registered Nurse (RN) for help treating symptoms and finding care

To reach an advice nurse, call:

1-855-431-5537

The Nurse Advice Line is available 24 hours a day, 7 days a week.



HEALTHtech Technology Support Assistance

Technology support to provide education and training on how to use your computer, tablet or smartphone to access health care and health care related information.

When you call Healthtech, you'll be able to talk to a tech expert who can help you with these and other health related technology issues such as:

- Telehealth visit overview, setup on personal equipment (phone, tablet, or computer)
- Prescription delivery setup
- SCAN Member Portal registration

To access technology support assistance call:

**1-833-437-0555
(TTY: 711)**

24 hours a day, 7 days a week

Offering may vary based on plan and county. Check the plan's *Evidence of Coverage* for details.



Abridge — Smartphone-Based Application

Stay on top of your health with Abridge, a smartphone app that helps you remember your doctor's advice. Securely record your doctors' visits in Abridge, and afterwards you'll get an interactive transcript of the medical parts of your conversation.

- You can decide with your health professional what to record
- If your family wasn't able to attend the visit, you can securely share a conversation to keep everyone on the same page

**For more information
about Abridge go to:**

abridge.com/scan

For additional questions, email:

scansupport@abridge.com

Or call SCAN Member Services:

1-800-559-3500

Solutions for Healthy Living



Health Club Membership

One Pass™

One Pass™ is an all-inclusive offering AT NO ADDITIONAL COST to SCAN Medicare Advantage members which includes:

- Fitness Membership: Large network with over 26,000 locations, including premium locations at no additional cost
- Digital Fitness: Over 15,000+ live streaming classes and on-demand library, plus a workout builder to walk through exercises
- Social Activities: Over 20,000 no-cost events and classes both virtually and in person
- Brain Health: BrainHQ cognitive training programs included via app or website
- Home Kits: Strength kit, yoga kit, or dance kit (one kit per member per year)

**For more information
about One Pass please visit:**

youronepass.com

Offering may vary based on plan and county. Check the plan's *Evidence of Coverage* for details.



Included LGBTQ+ Health



Work with a dedicated care coordinator to get care that meets the unique needs of the LGBTQ+ community. Your care coordinator helps you find high-quality doctors, discover resources for LGBTQ+ health needs, and more.

To access this benefit call:
1-877-330-0889

Solutions for Independence



Home-Delivered Meals



Home-delivered meals help members maintain a nutritionally balanced lifestyle, recover after a hospital stay and provide a jump start to healthy eating for chronic conditions.

- Health specific menu options (nine health support menus, e.g., lower sodium, diabetic-friendly, etc.)
- Members must meet specific criteria

To access this benefit call:
SCAN Member Services
1-800-559-3500

Solutions for Caregivers



Care Coordination Sessions (Caregiver Training/Support)

Virtual and in-person skill training and support for caregivers.

The workshops provide information, tips, resources, and support in a group setting to help make your role as a caregiver easier.

This 4-week series is offered several times throughout the year in both English and Spanish. Each workshop is 1 hour long. The topics include:

- Session 1: Your Caregiving Journey
- Session 2: Communicating with a Care Team
- Session 3: Creating a Support System
- Session 4: Self-Care

To access this benefit call:
SCAN Member Services
1-800-559-3500

Offering may vary based on plan and county. Check the plan's *Evidence of Coverage* for details.

Solutions for Togetherness



SCAN Learning Communities

Enjoy fun activities, classes and meet new friends through SCAN Learning Communities. Our Learning Communities help connect SCAN members together for virtual and on-demand social groups as well as for educational, health and wellbeing classes.

Got a skill or an area of expertise you want to share? You can even sign up to lead a session and share your expertise and passions with others. Events and classes are scheduled at various times of the year.

To access this benefit call:

SCAN Member Services
1-800-559-3500

Event Calendar

Take a look at our calendar for upcoming events

scanhealthplan.com/about-scan/events

Save Money on Your Medications¹

Make it Mail-Order From Express Scripts PharmacySM

The easy way to fill your maintenance medications. Make fewer trips to the pharmacy by having your 3-month supply delivered right to you and right on time. And standard shipping is free! Having more medication on hand can also help make sure that you don't run out of these important medications.



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!

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



Automatic Refills

Sign up for automatic refills with Express Scripts Pharmacy, they'll remember so you don't have to.



Online Tracking

Easily manage your medications on the Express Scripts website or app.



Payment Flexibility

Express Scripts Pharmacy offers payment options that work with your budget.



Have Questions?

24/7 telephone access to a pharmacist at 1-866-553-4125 (TTY: 711).

Make the Switch

Once your SCAN membership begins, contact:

- Express Scripts Personal Enrollment Specialist at 1-877-842-9792 (TTY: 711)
- OR
- Your doctor's office and ask about home delivery for your maintenance medications. They can send your 3-month prescriptions right to Express Scripts Pharmacy

Keeping Prescription Medications Affordable

We know how important it is to keep the cost of medications low. Here are even more ways to save with SCAN Health Plan.



Preferred Pharmacies = Lower Copayments!

If you prefer to fill your prescriptions at a local pharmacy but still want to save money, we have you covered. Just use a SCAN Preferred pharmacy. These are pharmacies in the SCAN network that generally offer lower copayments than Standard pharmacies for most drugs.

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

Preferred Pharmacies		
CVS	Costco	H-E-B
Express Scripts Pharmacy	Walmart/Sam's Club	SortPak
Rite Aid	Safeway/Albertsons	Many Independent Pharmacies

Standard Pharmacies		
Walgreens	Medicine Shoppe	Select Independent Pharmacies



3-Month Supply = Savings

Save money and time by getting a 3-month supply of the medications you take on an ongoing basis. The amount you save will depend on the tier your medication is on and what pharmacy you use (e.g., Preferred or Standard). Specialty tier (Tier 5) drugs are not available for a 3-month supply.

Enrollment Forms

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. Use a ballpoint pen and press hard to make two copies.

Step 2: Sign and date the application.

Step 3: Keep the **BOTTOM** copy for your file.

If you have any questions regarding this application, please call 1-877-212-7654 (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 Name:

Group Number:

Last Name: _____ First Name: _____ M.I.: _____

Birth Date: ____/____/____ Sex: ☐ Male ☐ Female Phone #: (____) _____
MM DD YYYY

Permanent Residence Street Address (PO Box is not allowed):

City: _____ State: _____ Zip Code: _____

Mailing Address, (PO Box is allowed) (only if different from your Permanent Residence Address):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact (optional): _____

Phone Number: (____) _____ Relationship to You: _____

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
☐ Yes, Mexican, Mexican American, Chicano/a
☐ Yes, Puerto Rican

- ☐ Yes, Cuban
☐ Yes, another Hispanic, Latino/a, or Spanish origin
☐ I choose not to answer.

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native
☐ Chinese
☐ Japanese
☐ Other Asian
☐ Vietnamese
☐ I choose not to answer.

- ☐ Asian Indian
☐ Cambodian
☐ Filipino
☐ Korean
☐ Other Pacific Islander
☐ White

- ☐ Black or African American
☐ Guamanian or Chamorro
☐ Native Hawaiian
☐ Samoan
☐ Mixed Race
☐ Unknown

Email Opt-In:

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.

Texting Opt-in:

Mobile 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. Msg 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

1**To Enroll in SCAN Health Plan, Please Provide the Following Information: (continues)**

Select one if you want us to send you information in an accessible format: ☐ Braille ☐ Large print ☐ Audio CD
 Please contact SCAN Health Plan at 1-877-212-7654 (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.

Social Security: -

2**Please Provide Your Medicare Insurance Information**

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

Name (as it appears on your Medicare card):

Medicare Number:

3**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:

Medical Group Name:

Group ID Number:

Are you a current patient of this physician? ☐ Yes ☐ No

4**Please Read and Answer These Important Questions**

- Are you the retiree? ☐ Yes ☐ No
 If yes, retirement date (month/date/year): _____
 If no, name of retiree: _____
- Are you covering a spouse or dependents under this employer or union plan? ☐ Yes ☐ 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.
- Do you work? ☐ Yes ☐ No
 Does your spouse work? ☐ Yes ☐ No
- Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or state pharmaceutical assistance programs. ☐ Yes ☐ 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: _____
- Are you a resident in a long-term care facility, such as a nursing home? ☐ Yes ☐ 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.

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: (____) _____

OFFICE USE ONLY

NAME OF STAFF MEMBER/AGENT/BROKER (if assisted in enrollment):

NATIONAL PRODUCER NUMBER (NPN):

EFFECTIVE DATE OF COVERAGE

____ / ____ / ____
M M D D Y Y Y Y

REC'D DATE:

3800 Kilroy Airport Way, Suite 100, Long Beach, CA 90806

Coordination of Care



PLEASE PRINT LEGIBLY

Member last name			Effective date							
First name			D.O.B.							
Phone		Emergency phone								
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Decline to State									
Current MG/IPA (prior to enrolling with SCAN):	Is enrollee staying with this MG/IPA? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Current PCP (prior to enrolling with SCAN):	Is enrollee staying with the same PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	Current PCP phone number:									
Enrollee's preferred spoken language:										
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean	<input type="checkbox"/> Japanese <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian	<input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Thai <input type="checkbox"/> Russian <input type="checkbox"/> Khmer (Cambodian)	<input type="checkbox"/> American Sign Language/ Braille <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to state							
Continuity of Care and Services:										
<p>If the member has an urgent care issue, is in the middle of treatment or using medical equipment issued by their doctor, please check "YES" and select the concern(s) in the provided boxes. A SCAN Care Navigator will contact the member near their enrollment date to assist with the transition of services.</p> <p>Does member have an identified Continuity of Care need? *Required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="0"> <tr> <td><input type="checkbox"/> Urgent Issue (Homeless, Unable to Afford Medication/Food)</td> <td><input type="checkbox"/> Planned Surgery</td> </tr> <tr> <td><input type="checkbox"/> Currently Hospitalized or Skilled Nursing Facility</td> <td><input type="checkbox"/> Durable Medical Equipment</td> </tr> <tr> <td><input type="checkbox"/> Dialysis/Chemotherapy/Home Health</td> <td><input type="checkbox"/> Other</td> </tr> </table>					<input type="checkbox"/> Urgent Issue (Homeless, Unable to Afford Medication/Food)	<input type="checkbox"/> Planned Surgery	<input type="checkbox"/> Currently Hospitalized or Skilled Nursing Facility	<input type="checkbox"/> Durable Medical Equipment	<input type="checkbox"/> Dialysis/Chemotherapy/Home Health	<input type="checkbox"/> Other
<input type="checkbox"/> Urgent Issue (Homeless, Unable to Afford Medication/Food)	<input type="checkbox"/> Planned Surgery									
<input type="checkbox"/> Currently Hospitalized or Skilled Nursing Facility	<input type="checkbox"/> Durable Medical Equipment									
<input type="checkbox"/> Dialysis/Chemotherapy/Home Health	<input type="checkbox"/> Other									
<p>Medication: Please check the SCAN drug Formulary list to see if the member's prescriptions require prior authorization or are not on the Formulary.</p> <p>Does member have any current medications that require prior authorization or are not on the SCAN Formulary? *Required <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you provide information below, a SCAN Care Navigator will contact the member near their enrollment date to assist them with their prescriptions.</p> <p>List name(s) of member's medication(s) requiring prior authorization or not on the SCAN Formulary (<i>Optional</i>):</p>										
<p>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.</p>										
<input type="checkbox"/> Electronic enrollment completed <input type="checkbox"/> Completed paper enrollment – sent separately		<input type="checkbox"/> Fax completed form to Care Coordination Fax number: 562-552-9379								

Notes

Notes

What to Expect Next

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

Verification Letter. This letter is required by Medicare to make sure the SCAN plan was fully explained to you and to confirm that you want to enroll in SCAN.

Approval Letter. This letter will let you know if your enrollment with SCAN has been approved by Medicare.

SCAN Member ID Card + Quick Start Guide.

Your member ID card and Quick Start Guide will arrive together.

The Quick Start Guide is filled with information to help you get your membership started off right.

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

Health Survey. A few months into your SCAN membership you may receive a health survey. Your answers can help us serve you better.



You might also receive:

- **A call to arrange for health services**
(if you filled out the "Coordination of Services" form). Expect this call shortly before/after your membership takes effect.

Once you receive your ID card, you can contact SCAN Member Services with any questions about your new plan.

MemberServices@scanhealthplan.com
1-800-559-3500
TTY 711

Visit scanhealthplan.com/getstarted
to get a head start on your new health plan!

Oct. 1 - Mar. 31: 8 a.m. to 8 p.m., 7 days a week

Apr. 1 - Sept. 30: 8 a.m. to 8 p.m., Mon. - Fri.

Messages received on holidays or outside of business hours will be returned within one business day.



Contact an authorized SCAN representative today

Call

1-877-230-7226

Or visit:

www.scanhealthplan.com

TTY users: 711

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

To learn more about this plan, scan the
QR code below on your smart phone.



SCAN Retiree Group - Los Angeles City Employees Retirement System is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.



YOU CAN FIND US IN:

