

Prescription Drug Benefits Overview



| CLASSIC | BENEFITS & SERVICES In Network | OPTIONS |
|---|---|--|
| \$0 copay for Select Generic drugs \$5 copay for Generic drugs \$32 copay for Brand drugs \$60 copay for Additional Brand drugs 25% copay for Specialty drugs | SCAN Contracted Pharmacy 1-month/31-Day Supply of Drugs | \$0 copay for Select Generic drugs \$10 copay for Generic drugs \$40 copay for Brand drugs \$70 copay for Additional Brand drugs 33% copay for Specialty drugs |
| \$0 copay for Select Generic drugs \$12.50 copay for Generic drugs \$80 copay for Brand drugs \$150 copay for Additional Brand drugs | SCAN Mail Order Service 3-month/90-Day Supply of Drugs | \$0 copay for Select Generic drugs \$25 copay for Generic drugs \$100 copay for Brand drugs \$175 copay for Additional Brand drugs |
| \$4,000 in total drug costs | Initial Coverage Limit | \$2,900 in total drug costs |
| After \$4,000, Generic drug copays apply Brand drugs not covered | Coverage Gap | After \$2,900, Generic drug copays apply Brand drugs not covered |



SCAN Health Plan®
3800 Kilroy Airport Way, Suite 100
Long Beach, CA 90806



Sales Information
8 A.M.–8 P.M., 7 days per week
1-800-915-7226



TTY Users
7 A.M.–8 P.M., 7 days per week
1-800-735-2929



Visit our web site
www.scanhealthplan.com

The benefit information provided is not comprehensive. Additional information should be requested before making a decision about your coverage. SCAN Health Plan (HMO) is an HMO, Medicare Advantage Prescription Drug Plan (MAPD), with a Medicare Advantage Contract; SCAN has a contract with the Federal Government. SCAN also contracts with the Department of Health Care Services. For more information, please visit www.scanhealthplan.com. H5425_SCAN_4819_2009_CMS080609

2010 SCAN® Health Plan (HMO) Benefit Highlights



Los Angeles County
Classic and Options Plan





Benefits Overview

| CLASSIC | BENEFITS & SERVICES In Network | OPTIONS |
|--|--|---|
| \$0 per month | Monthly Plan Premium | \$0 per month |
| \$5 copay for PCP \$10 copay for Specialist | Doctor Office Visits | \$0 copay for PCP \$0 copay for Specialist |
| \$100 copay: days 1 - 8 | Inpatient Hospital Care | \$0 copay |
| \$0 copay: days 1 - 10 \$50 copay: days 11 - 100 | Skilled Nursing Facility | \$0 copay: days 1 - 10 \$75 copay: days 11 - 100 |
| \$50 each visit waived if admitted immediately | Emergency Care Worldwide Coverage | \$50 each visit waived if admitted immediately |
| \$35 each visit | Urgent Care Worldwide Coverage | \$35 each visit |
| \$50 each ambulatory surgical center visit \$100 each hospital facility visit | Outpatient Surgery | \$100 each ambulatory surgical center visit \$150 each hospital facility visit |
| \$100 copay | Ambulance | \$150 copay |
| \$0 copay | Transportation (limitations apply) | Not Covered |
| \$0 copay | X-Rays and Lab Services | \$0 copay |
| 0% to 20% of the cost for Medicare covered items | Medical Supplies & Equipment | 20% of the cost for Medicare covered items |
| Not Covered | Health Club Membership | \$0 copay |
| \$10 copay Not Covered | Medicare Covered Chiropractic Routine Chiropractic Coverage | \$10 copay \$10 copay (10 visits combined with acupuncture) |
| Not Covered | Acupuncture | \$10 copay (10 visits combined with chiropractic) |
| \$10 copay for exam \$0 - \$10 copay for hearing aid fitting/evaluation \$400 limit for hearing aids every three years | Hearing Aid Services | \$10 copay for exam Hearing aids not covered |

| CLASSIC | BENEFITS & SERVICES In Network | OPTIONS |
|--|--|--|
| \$15 copay for annual exam \$25 copay for glasses/contacts every two years Coverage toward eyewear: \$75 glasses / \$100 contacts | Vision Services | \$15 copay for annual exam \$25 copay for glasses/contacts every two years Coverage toward eyewear: \$75 glasses / \$100 contacts |
| Included | Healthwise® For Life Handbook | Included |
| Included | SCAN Club Newsletter | Included |
| Available | Friends and Family Program | Available |
| Available | SCAN OnCall® 24 Hour Nurse Line | Available |

In-Home Recovery Benefit Overview



SCAN offers unique in-home services to facilitate recovery from an illness or injury. Coverage is provided up to \$1,300 per calendar year. Authorization rules apply. Contact SCAN for details.

| CLASSIC | BENEFITS & SERVICES In Network | OPTIONS |
|-------------|--|-------------|
| You pay \$0 | Home Delivered Meals (limitations apply) | You pay \$0 |
| You pay \$0 | Custodial Level Care (limitations apply) | You pay \$0 |