

Prescription Drug Benefits Overview



CLASSIC	BENEFITS & SERVICES In Network	OPTIONS
\$0 copay for Select Generic drugs \$10 copay for Generic drugs \$35 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 \$25 copay for Generic drugs \$87.50 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
\$3,000 in total drug costs	Initial Coverage Limit	\$2,900 in total drug costs
After \$3,000, Generic drug copays apply Brand drugs not covered	Coverage Gap	After \$2,900, Generic drug copays apply Brand drugs not covered



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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_4821_2009_CMS080609

2010 SCAN® Health Plan (HMO) Benefit Highlights



**Riverside &
San Bernardino Counties**
Classic and Options Plan





Benefits Overview

CLASSIC	BENEFITS & SERVICES In Network	OPTIONS
\$0 per month	Monthly Plan Premium	\$0 per month
\$10 copay for PCP \$10 copay for Specialist	Doctor Office Visits	\$0 copay for PCP \$0 copay for Specialist
\$100 copay: days 1 - 10	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 \$1,000 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