

**2022**

# **Summary of Benefits**

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**SCAN Retiree Group**

County of Orange

(HMO)

January 1, 2022 - December 31, 2022



SCAN Retiree Group - County of Orange (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](http://www.scanhealthplan.com).



**SUMMARY OF BENEFITS JANUARY 1, 2022 - DECEMBER 31, 2022**

<b>PREMIUM AND BENEFITS</b>	<b>COUNTY OF ORANGE</b>	<b>WHAT YOU SHOULD KNOW</b>
<b>Monthly Health Plan Premium</b>	For premium information, please contact your Plan Sponsor Benefits Administrator.	You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	You pay \$0	This plan does not have a deductible.
<b>Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)</b>	\$3,400 annually	The most you pay for copays and coinsurance for <b>Medicare-covered medical services</b> for the year.
<b>Inpatient Hospital Coverage</b>	You pay \$100 copay per admission	Our plan covers an unlimited number of days for an inpatient hospital stay. <b>Prior authorization rules apply.</b>
<b>Outpatient Hospital Coverage</b>		<b>Prior authorization</b> is required for outpatient hospital visits.
<ul style="list-style-type: none"> <li>• Ambulatory Surgical Center</li> <li>• Outpatient Hospital</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p>	
<b>Doctor Visits</b>		<b>Prior authorization</b> is required for specialist visits.
<ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialists</li> </ul>	<p>You pay \$15 copay per visit</p> <p>You pay \$15 copay per visit</p>	
<b>Preventive Care</b>	You pay \$0	Any additional preventive services approved by Medicare during the contract year will be covered. <b>Prior authorization rules apply.</b>
<b>Emergency Care</b>	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	COUNTY OF ORANGE	WHAT YOU SHOULD KNOW
<b>Urgently Needed Services</b>	You pay \$15 copay per visit	You are covered for worldwide urgent care services.
<b>Diagnostic Services/Labs/Imaging</b> <ul style="list-style-type: none"> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient X-rays</li> <li>• Therapeutic radiology</li> <li>• Diagnostic radiology (e.g., MRI, CT)</li> </ul>	You pay \$0 You pay \$0 You pay \$0 You pay \$0 You pay \$0	<b>Prior authorization</b> rules apply for diagnostic, lab, and imaging services.
<b>Hearing Services</b> <ul style="list-style-type: none"> <li>• Medicare-covered diagnostic hearing and balance exam</li> <li>• Non-Medicare-covered (routine) hearing exam</li> <li>• Non-Medicare-covered (routine) hearing aid fitting/evaluation</li> <li>• Non-Medicare-covered (routine) hearing aids</li> </ul>	You pay \$15 copay per visit You pay \$15 copay for up to 1 visit per year You pay \$15 copay within the first year of purchase You are covered up to \$600 for up to 2 hearing aids every 2 years	<b>Prior authorization</b> 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.
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Medicare-covered dental services</li> <li>• Non-Medicare-covered (routine) oral exam</li> <li>• Non-Medicare-covered (routine) dental cleanings</li> <li>• Non-Medicare-covered (routine) dental X-rays</li> </ul>	You pay \$15 copay per visit Not covered Not covered Not covered	<b>Prior authorization</b> rules apply for Medicare-covered dental services.

PREMIUM AND BENEFITS	COUNTY OF ORANGE	WHAT YOU SHOULD KNOW
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>• Medicare-covered vision exam to diagnose/treat diseases of the eye</li> <li>• Medicare-covered glasses after cataract surgery</li> <li>• Non-Medicare-covered (routine) vision exam</li> <li>• Non-Medicare-covered (routine) glasses or contact lenses</li> <li>• Non-Medicare-covered (routine) vision coverage limit</li> </ul>	<p>You pay \$15 copay per visit</p> <p>You pay \$15 copay per visit</p> <p>You pay \$15 copay for up to 1 visit per year</p> <p>You pay \$0 every 2 years</p> <p>You are covered for up to \$100 for frames or up to \$130 for contact lenses every 2 years</p>	<p><b>Prior authorization</b> 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>
<p><b>Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• Inpatient visit</li> <li>• Outpatient individual/group therapy visit</li> <li>• Outpatient individual/group therapy visit with a psychiatrist</li> </ul>	<p>You pay \$100 for days 1-90</p> <p>You pay \$15 copay per visit</p> <p>You pay \$15 copay per visit</p>	<p><b>Prior authorization</b> rules apply for inpatient mental health hospitalization. You are covered for up to 90 days per benefit period.*</p> <p><b>Prior authorization</b> rules apply for outpatient mental health services.</p>
<p><b>Skilled Nursing Facility</b></p>	<p>You pay \$0 for days 1-100</p>	<p><b>Prior authorization</b> 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	COUNTY OF ORANGE	WHAT YOU SHOULD KNOW
<b>Physical Therapy</b>	You pay \$15 copay per visit	<b>Prior authorization</b> rules apply for outpatient physical therapy services.
<b>Ambulance</b>	You pay \$0 per one-way trip	
<b>Transportation (Non-Medicare-covered - routine)</b>	You pay \$0 for unlimited one-way trips per year  75-mile limit applies to each one-way trip	<b>Prior authorization</b> rules apply for routine transportation services.  You must use a SCAN-contracted provider to obtain routine transportation services.
<b>Medicare Part B Drugs</b>	You pay \$40 for chemotherapy and other Part B drugs	<b>Prior authorization</b> rules apply to select drugs.

## Outpatient Prescription Drugs (PART D DRUGS):

You pay the following:

### COUNTY OF ORANGE

	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)
<b>Initial Coverage Stage</b>					
<b>Tier 1</b> (Preferred Generic)	You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10
<b>Tier 2</b> (Generic)	You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10
<b>Tier 3</b> (Preferred Brand)	You pay \$20	You pay \$20	You pay \$40	You pay \$40	You pay \$40
<b>Tier 4</b> (Non-Preferred Drug)	You pay \$20	You pay \$20	You pay \$40	You pay \$40	You pay \$40
<b>Tier 5</b> (Specialty Tier)	You pay 25%	You pay 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 \$7,050. After your yearly out-of-pocket drug costs reach \$7,050, you pay whichever is the larger amount:

- 5% of the cost, or
- \$3.95 copay for generic (including drugs that are treated like a generic) and \$9.85 copay for all other drugs.

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	COUNTY OF ORANGE	WHAT YOU SHOULD KNOW
<b>Medical Equipment/Supplies</b> <ul style="list-style-type: none"> <li>Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>Prosthetics (e.g., braces, artificial limbs)</li> <li>Diabetic supplies</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p><b>Prior authorization</b> 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>
<b>Telehealth Services - MDLive</b>	<p>You pay \$0</p>	<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 either by telephone or secure video capabilities from your computer or smart phone.</p>
<b>Wellness Programs</b> <ul style="list-style-type: none"> <li>Health club membership</li> </ul>	<p>You pay \$0</p>	<p>You are covered for SCAN-contracted health clubs in your area.</p>
<b>Brain Fitness</b>	<p>You pay \$0</p>	<p>Online games to keep your brain healthy and active.</p>
<b>Solutions for Virtual Care Access</b> <ul style="list-style-type: none"> <li>HEALTHtech</li> <li>Abridge</li> </ul>	<p>You pay \$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>Technology enabled app to help remember important health conversations.</p>



BENEFITS	COUNTY OF ORANGE	WHAT YOU SHOULD KNOW
<p><b>Solutions for Togetherness</b></p> <ul style="list-style-type: none"> <li>• Headspace</li>   <li>• SCAN Learning Communities</li> </ul>	<p>You pay \$0</p>	<p>Headspace is a mindfulness and meditation app that can help counteract the negative effects of loneliness, stress and anxiety and guide you to better health.</p> <p>Learning Communities brings like-minded people together for in-person health education classes to maintain good mental and physical health.</p>
<p><b>Solutions for Caregivers</b></p> <ul style="list-style-type: none"> <li>• Caregiver training</li>   <li>• Home-delivered meals</li> </ul>	<p>You pay \$0</p>	<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>

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

SCAN Health Plan 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 \$650 per month of these additional services. Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

**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 Health Plan. Contact SCAN Member Services for details.

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

<p><b>Inpatient Custodial Care</b>          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>You pay \$0</p>
<p><b>In-Home Caregiver Relief</b>          SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.</p>	<p>You pay \$15 per visit</p>
<p><b>Community-Based Adult Services (CBAS)-Adult Day Care</b>          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.</p>	<p>You pay \$15 per visit</p>
<p><b>Incontinence Supplies</b>          Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.</p>	<p>You pay \$0</p>
<p><b>Select Bathroom Safety Equipment</b>          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.</p>	<p>You pay \$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. Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

**SCAN Retiree Group - County of Orange** 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

<b>Who can join?</b>	<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>- have both Medicare Part A and Part B</li> <li>- live in the plan service areas (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Alameda, Santa Clara, San Francisco, San Mateo, Napa, Sonoma, and Stanislaus counties, California)</li> <li>- be a United States citizen or be lawfully present in the United States</li> </ul>
<b>Phone Number (Members)</b>	<b>1-800-559-3500</b>
<b>Phone Number (Non-Members)</b>	<p><b>1-877-212-7654</b>          Calling this number will direct you to a licensed insurance agent.</p>
<b>TTY</b>	<b>711</b>
<b>Hours of Operation</b>	<p><b>October 1 to March 31:</b>          8 A.M. to 8 P.M., 7 days a week</p> <p><b>April 1 to September 30:</b>          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.</p>
<b>Website</b>	<a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a>

To get more information about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov](http://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.

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 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.

## 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 1-877-212-7654 (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.

### 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](http://www.scanhealthplan.com) or call 1-877-212-7654 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, 2023.
- 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).