

# 2023 BENEFIT HIGHLIGHTS

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## **SCAN Embrace** (HMO SNP)

Los Angeles County

Orange County

San Bernardino County

Plan Details	SCAN Embrace
Monthly Plan Premium	\$0
Part B Premium Give Back	\$50 per month
Annual Plan Deductible	\$0

Comprehensive Care	SCAN Embrace
Primary Care Office Visits	\$0
Specialist Office Visits	\$0
Diabetic Self-Management Training	\$0
Diabetic Supplies (lancets, test strips, monitor)	\$0
Annual Physical Exam	\$0
Preventive Services (Medicare-covered screenings)	\$0
Lab Services and X-rays	\$0
Diagnostic Tests and Procedures	\$0
Outpatient Rehabilitation (e.g. PT, OT, ST)	\$0
Diagnostic Radiology (e.g. MRI, CT, ultrasound)	\$0–\$75
Durable Medical Equipment	\$0 for items up to \$499; 20% for items \$500 and more
Outpatient Mental Health (Individual/Group)	\$0

Hospital and Emergency Care	SCAN Embrace
Inpatient Hospital Care	\$0 (unlimited days)
Skilled Nursing Facility	\$0 per day (days 1–100)
Outpatient Surgery	\$0
Emergency Care	\$120 (worldwide) \$0 (if admitted immediately)
Urgent Care Services	\$0 (within U.S.) \$120 (worldwide)
Ambulance Services	\$95

Maximum Out-of-Pocket	SCAN Embrace
Annual Maximum Out-of-Pocket (MOOP)	\$799

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

\*The \$0 copay applies to members who do not qualify for “Extra Help.”

## More Ways to Save on Prescriptions

Pay \$0 for your Tier 1 and Tier 2 medications at any SCAN network pharmacy.

Dental Services	SCAN Embrace	
	Embedded Dental	PPO Dental
	These dental services are included in your plan	\$42 per month
<b>PREVENTIVE</b>		
Oral Exam & Cleaning (2 per year)	\$0	\$0
X-Ray (2 per year)	\$0	\$0
Deep Cleaning (4 quadrants per year)	\$0	\$0
<b>COMPREHENSIVE</b>		
Diagnostic (screenings, x-rays)	\$0–\$5	\$0–\$5
Restorative (fillings, crowns)	\$8–\$395	\$8–\$395
Endodontics (root canals)	\$5–\$395	\$5–\$395
Prosthodontics (tooth replacement/dentures)	\$13–\$395	\$13–\$395
<b>OUT-OF-NETWORK CARE</b>		
	Not available	Plan pays up to \$2,000

# Included extras you get with SCAN

Core Extras	SCAN Embrace
<b>Vision Services</b> (routine) Eye exam Coverage for eyewear	\$0 (1 every 12 months) \$300 limit every year
<b>Transportation</b> (routine)* Non-medical**	\$0 (24 one-way trips per year) 12 of the 24 trips
<b>Acupuncture and Chiropractic Services</b> (routine)	\$10 per visit (20 Acupuncture visits per year) \$10 per visit (20 Chiropractic visits per year)
<b>Podiatry Services</b> (routine)	\$0 (6 visits per year)
<b>Hearing Services</b> (routine) Hearing exam Hearing aid copay	\$0 (1 every 12 months) You pay \$450 copay per aid for a TruHearing Advanced hearing aid or \$750 copay per aid for a TruHearing Premium hearing aid
<b>SCAN Travel Assurance Kit</b>	Urgent or emergency care when outside of the U.S.
Solutions for Virtual Care Access	SCAN Embrace
<b>Telehealth</b> Urgent Medical	\$0
<b>Nurse Advice Line</b>	\$0 per phone visit
<b>HEALTHtech+</b>	\$0 support line or home visit
<b>Abridge Mobile App</b>	\$0 to capture care visits
Solutions for Healthy Living	SCAN Embrace
<b>Health Club Membership</b>	\$0 (SilverSneakers®)
<b>SCAN Healthy Foods Card</b>	\$50 per quarter
<b>Over-the-counter</b> (OTC)	\$125 per quarter with rollover
*75-mile limit will apply to each one-way trip. **Trips to: health club, grocery store, or senior center.	

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

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

**1-877-870-4867 (TTY: 711)**

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



# The SCAN Story

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

## Solutions for Independence

SCAN knows that sometimes our members need a little more care to stay independent in their own homes for as long as possible, so we've included these special benefits for \$0 in your plan to help you do just that.

### Medical Sitter

\$0 personal assistance to provide a safe and secure transition from one care setting to another — 30 hours per year

### SCAN Returning to Home\*

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

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

### Emergency Response System\*

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

- \$0 (includes installation and monthly fees)



\*Criteria and limitations apply.

# Contact an authorized SCAN representative today

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Call

**1-877-870-4867**

Or visit:

**[www.scanhealthplan.com](http://www.scanhealthplan.com)**

**TTY users: 711**

October 1 to March 31

8 am - 8 pm

7 days a week

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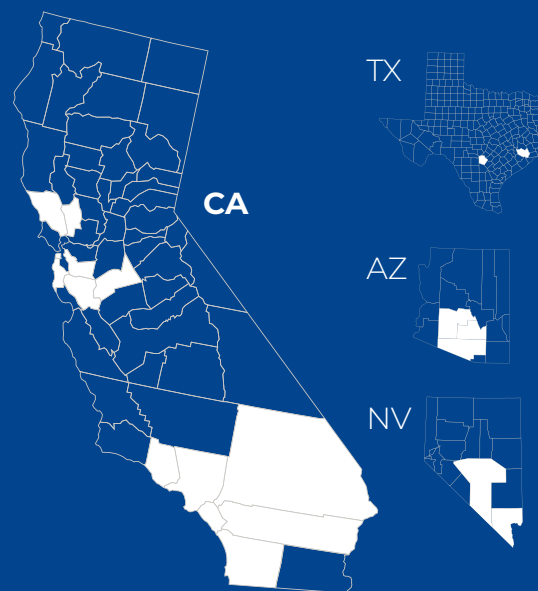
April 1 to September 30

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Monday through Friday



YOU CAN FIND US IN:



SCAN Embrace (HMO SNP) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal. You must continue to pay your Medicare Part B premium.

Insulin copayments listed in the Prescription Drug Coverage Table apply to members who do not receive “Extra Help” to pay for their prescription drugs. Your insulin copayment may change when you enter Catastrophic Coverage. To find out which insulins are covered by SCAN, review the most recent Drug List we provided electronically. Covered products include all insulin pens and vials listed under the class name “Insulins” in our Drug List. If you have questions about the Drug List, you can also call 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. Prescription copay/coinsurance may vary by plan, county, pharmacy type (e.g., Preferred or Standard, etc.), day supply, Part D benefit phase, or in members who receive “Extra Help.” You can fill your prescriptions at any of our network pharmacies, but you may pay less at a Preferred pharmacy. Check your Evidence of Coverage for details.

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.