

Medicare Advantage Plan
2024 Benefit Highlights

**Better
Medicare for**



SCAN Venture
(HMO)

Riverside County
San Bernardino County

SCAN Venture (HMO)

SCAN Venture includes a monthly Part B premium give-back with low cost benefits to keep you healthy.

For example, with SCAN Venture you'll have:

- \$66.50 Part B premium give-back each month
- \$0 on over 750 generics on Tiers 1 and 2 at SCAN Preferred Pharmacies and \$11 per month on many popular brands* on Tier 6
- Preventive and comprehensive dental benefits
- Unlimited \$0 virtual mental health visits
- Up to 40 hours of care per year in your home after a hospital stay

SCAN Venture also includes such value-added extras as:

- Vision exams and eyewear
- Transportation to medical appointments
- Acupuncture and Chiropractic services
- Hearing Aids
- Over-the-Counter Products, \$65 allowance per quarter with rollover
- FitBit activity tracker
- OnePass fitness benefit
- HEALTHtech+ 24/7 technology support hotline or home visit

Plus, your SCAN online member account puts all your plan information in one handy spot, letting you manage your care, benefits, documents and more at any time, day or night.

See more SCAN Venture benefits on the next page.

The SCAN Venture Plan is a Network Specific Plan and is only available to participating networks. Please refer to the SCAN Provider Directory for details.

SCAN Venture (HMO)

You're taking an active role in your health and wellness. And SCAN is here for you! SCAN Venture provides comprehensive coverage and low out-of-pocket costs to help ensure you're able to get the care you need—and more options for where and when to get it.

Plan Details	SCAN Venture
Monthly Plan Premium	\$0
Annual Deductible	\$0
Monthly Part B Premium Give-Back	\$66.50
Maximum Out-of-Pocket (MOOP)	\$1,900
Comprehensive Care	SCAN Venture
Primary Care Office Visits - Be sure to choose your doctor when you enroll	\$0
Specialist Office Visits	\$0
Annual Physical Exam	\$0
Preventive Services (Medicare-covered screenings)	\$0
Lab Services and X-rays	\$0
Hospital and Emergency Care	SCAN Venture
Inpatient Hospital Care	\$0 (unlimited days)
Outpatient Surgery	\$0-\$225
Skilled Nursing Facility	\$0 per day (1-20) \$100 per day (21-100)
Emergency Care	\$90 (worldwide) \$0 (if admitted immediately)
Urgent Care	\$0 (worldwide)
Ambulance Services	\$155
Core Extras	SCAN Venture
Acupuncture and Chiropractic Services (routine)	\$0 per visit (24 visits/year combined)
Hearing Services (routine) - Hearing aid copay	\$450-\$750 per aid/year
Vision Services (routine) - Eye exam - Coverage for eyewear	\$0 (1 every year) \$250 allowance every year
Virtual Care Services	SCAN Venture
Nurse Advice Line	\$0
Telehealth - Urgent Medical - Behavioral Health	\$0

Prescription Drug Coverage		SCAN Venture	
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	\$7
TIER 2: Generic		\$0	\$15
TIER 3: Preferred Brand	Insulin	\$25	\$35
	Other Drugs	\$35	\$47
TIER 4: Non-Preferred Drug		\$95	\$100
TIER 5: Specialty Tier		33%	33%
TIER 6: Select Care Drugs		\$11	\$11
Coverage Gap		Tier 1 Tier 3 (insulin only)	Tier 1 Tier 3 (insulin only)

Check out the BIG SAVINGS on your medications!

If you take Eliquis, Xarelto, Entresto, Januvia, Tradjenta, Jardiance, Farxiga, or other drugs on new Tier 6, SCAN is the Plan for you! With SCAN, you pay just \$11 per month for these drugs.* In addition, you pay \$0 for Tiers 1 and 2 at SCAN Preferred pharmacies.*

*The copay/coinsurance may vary by plan and may change during Coverage Gap. For additional medications on Tier 6, please refer to your “Drug List” (Formulary).

Dental Services	SCAN Venture
Oral Exam & Cleaning	\$0 (2 per year)
X-ray	\$0 (2 per year)
Deep Cleaning	\$0 (4 quadrants per year)
Diagnostic (screenings, x-rays)	\$0 - \$5
Restorative (fillings, crowns)	\$8 - \$395
Endodontics (root canals)	\$5 - \$395
Prosthodontics (dentures)	\$13-\$395

SCAN Venture (HMO) 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.

You won't pay more than \$25 for a one-month supply at SCAN Preferred pharmacies and \$35 for a one-month supply at SCAN Standard pharmacies of each insulin product covered by our plan, regardless of cost-sharing tier. 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 are covered by our plan at no cost to you. For more information, please refer to your “Drug List” (Formulary). If you have questions about the Drug List, you can also call Member Services. 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 or call Member Services for details (phone numbers for Member Services are printed on the back cover of your Evidence of Coverage).