

San Bernardino



BETTER
MEDICARE
FOR 

SCAN Embrace
(HMO-POS I-SNP)



Medicare Advantage Plan
2025 BENEFIT HIGHLIGHTS

Plan Details	SCAN Embrace	
	In-Network Services	Out-of-Network Services
Monthly Plan Premium	\$0	\$0
Part B Premium Give Back	\$60 per month	\$60 per month
Annual Plan Deductible	\$0	\$0
Maximum Out-of-Pocket	SCAN Embrace	SCAN Embrace
	In-Network Services	Out-of-Network Services
Annual Maximum Out-of-Pocket (MOOP)	\$799	\$799
Comprehensive Care	SCAN Embrace	SCAN Embrace
	In-Network Services	Out-of-Network Services
Primary Care Office Visits	\$0	Not covered
Specialist Office Visits	\$0	\$10
Diabetic Self-Management Training	\$0	Not covered
Diabetic Supplies (lancets, test strips, monitor)	\$0	Not covered
Continuous Glucose Monitors (available through DME or at your Pharmacy)	\$0 at the pharmacy or DME provider	Not covered
Durable Medical Equipment	\$0 for items up to \$499; 20% for items \$500 and more	Not covered
Annual Physical Exam	\$0	Not covered
Preventive Services (Medicare-covered screenings)	\$0	Not covered
Lab Services and X-rays	\$0	\$0
Diagnostic Tests and Procedures	\$0	\$0
Outpatient Rehabilitation (e.g. PT, OT, ST)	\$0	Not covered
Diagnostic Radiology (e.g. MRI, CT, ultrasound)	\$0-\$75	\$0-\$75
Outpatient Mental Health (Individual/Group)	\$0	\$10
Hospital and Emergency Care	SCAN Embrace	SCAN Embrace
	In-Network Services	Out-of-Network Services
Inpatient Hospital Care	\$0	Not covered
Skilled Nursing Facility	\$0 per day (1-100)	Not covered
Outpatient Surgery	\$0	Not covered
Emergency Care	\$90 (worldwide) \$0 (if admitted immediately)	Not covered
Urgent Care Services	\$0 (worldwide)	Not covered
Ambulance Services	\$95	Not covered

Prescription Drug Coverage		SCAN Embrace	
Part D Deductible		\$0	
Initial Coverage Stage - SCAN Contracted Retail Pharmacies (1-month/30-day supply)			
Pharmacy Network		PREFERRED	STANDARD
Tier 1: Preferred Generic		\$0	\$0
Tier 2: Generic		\$0	\$0
Tier 3: Preferred Brand	Insulin	\$0	\$0
	Other Drugs	\$42	\$43
Tier 4: Non-Preferred Drug		50%	50%
Tier 5: Specialty Tier		33%	33%
Part D Out-of-Pocket Maximum		\$2,000	
Catastrophic Coverage Stage		\$0	

\$0 Prescription Drugs

Pay \$0 for Tiers 1 and 2 (up to a 100-day supply) at SCAN network pharmacies.

Dental Services	SCAN Embrace	
Dental coverage to support your overall health.	Dental Plan CAC73	PPO Dental
	These dental services are included in your plan	\$55 monthly premium
DIAGNOSTIC AND PREVENTIVE DENTAL		
Oral Exams (2 per year)	\$0	\$0
Dental X-rays (2 per year)	\$0	\$0
Prophylaxis (cleaning - 2 per year)	\$0	\$0
COMPREHENSIVE DENTAL		
Restorative Services (fillings, crowns)	\$8-\$395	\$8-\$395
Endodontics (root canals)	\$5-\$395	\$5-\$395
Periodontics (deep cleaning)	\$0-\$380	\$0-\$380
Prosthodontics (tooth replacement/dentures)	\$13-\$395	\$13-\$395
PLAN COVERAGE		
Annual Maximum In-Network	No Maximum	No Maximum
Annual Maximum Out-of-Network	No Maximum	\$2,000 Maximum*
Out-of-Network Cost Sharing	Not Available	50% Cost Share

*You must cover any costs above the OON coverage limit.

SCAN COVERS THESE VALUABLE EXTRAS

Extras that help you stay healthy and independent

Benefits	SCAN Embrace
Vision (routine) Eye exam Coverage for eyewear	\$0 (1 every 12 months) \$375 limit allowance every year
Hearing	\$550-\$850 per aid/year
Transportation* Non-medical**	\$0 (30 one-way trips per year) 15 of the 30 trips
Over-the-Counter (OTC) Can be used at CVS locations, online or over the phone	\$200 allowance per quarter with rollover
Podiatry (routine)	\$0 (6 visits per year)
Dental, Vision, Hearing Allowance	\$122 per year
Fitness	\$0 (One Pass)

Extras that connect you to even more care and support

Benefits	SCAN Embrace
Telehealth Urgent Medical	\$0
Telehealth Behavioral Health	\$0
Nurse Advice Line	\$0 (per phone visit)
HealthTECH+	\$0 support line or home visit
SCAN Returning to Home** In-home Care Visits	After hospital or skilled nursing facility stay \$0 personal in-home care visits 120 hours per year/4 hour min
Worldwide Care	Urgent or emergency care when outside of the U.S.

*50-mile limit will apply to each one-way trip. **Eligibility for this benefit is not based solely on chronic conditions. All applicable eligibility requirements must be met before the benefit is provided. Qualifying chronic condition(s) required to be eligible for the SSBCI benefit include cardiovascular disorders, chronic heart failure, diabetes, cancer, chronic lung disorders. Other chronic conditions may apply. Medical records will be used to establish qualifications for the benefit.

TAKE A LOOK AT THESE PLAN HIGHLIGHTS



Giving you more choices for care

The Embrace Care Team provides care where you live. But as a POS plan, SCAN Embrace also covers some services received outside of the SCAN network.



Pharmacy benefits that are easy on your wallet

\$0 for drugs on Tier 1 and Tier 2 of our generous Formulary (list of covered drugs) at preferred pharmacy locations.



Over-the-Counter (OTC) coverage with CVS

Use a SCAN debit card on eligible OTC items at CVS. Place an order over the phone—or shop online or at your local CVS pharmacy.



Comprehensive dental with many \$0 services

Because regular dental care matters to your overall health, preventive care is \$0 and procedures are offered at deep discounts with unlimited covered services.



DARING TO CARE DIFFERENTLY SINCE 1977

The Senior Care Action Network (SCAN) was founded by seniors, for seniors. Their goal was to bring together the services and support they needed to age safely in their own homes. Today SCAN is an award-winning Medicare Advantage plan. We're still not-for-profit. And we're still committed to keeping seniors healthy and independent.

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.



www.scanhealthplan.com

1-877-870-4867

TTY: 711

SCAN Embrace (HMO-POS I-SNP) is an HMO plan and is a Point of Service (POS) 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 \$35 for a one-month supply and no more than \$105 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. 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).

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM 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.