

# 2025

## Summary of Benefits

SCAN Connections (HMO D-SNP)

Los Angeles, Riverside, San Bernardino and San Diego Counties

January 1, 2025 – December 31, 2025

SCAN Connections (HMO D-SNP) is an HMO plan with a Medicare contract and a contract with the California Medi-Cal (Medicaid) program. Enrollment in SCAN Health Plan depends on contract renewal.

The benefit information provided 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 *“Member Handbook”* 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

This document is a brief summary of the benefits and services covered by SCAN Connections. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of SCAN Connections. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**? If you have questions**, please call SCAN Connections (HMO D-SNP) at 1-866-722-6725, (TTY users should call 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. The call is free. **For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

## A. DISCLAIMERS

This is a summary of health services covered by SCAN Connections for January 1, 2025 - December 21, 2025. This is only a summary. Please read the *Member Handbook* for the full list of benefits.

- If you would like to receive the SCAN Connections *Member Handbook*, you can find this document on our website at [www.scanhealthplan.com](http://www.scanhealthplan.com) or call SCAN Connections Member Services to request a copy be mailed to you at 1-866-722-6725, (TTY users should call 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.
- SCAN Connections (HMO D-SNP) is an HMO plan with a Medicare contract and a contract with the California Medi-Cal (Medicaid) program. Enrollment in SCAN Health Plan depends on contract renewal.
- SCAN Connections is a Coordinated Care Plan. SCAN Connections is available to anyone who has both Medical Assistance from the State and Medicare.
- Under SCAN Connections you can get your Medicare and Medi-Cal services in one health plan.
- 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. Other pharmacies are available in our network.
- SCAN Health Plan provides free assistance and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website ([www.dhcs.ca.gov/](http://www.dhcs.ca.gov/)) or contact the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- You can get this document for free in other formats, such as large print, braille, or audio. Call toll-free 1-866-722-6725, (TTY users should call 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. The call is free.
- SCAN Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.
- Please call SCAN Member Services if:
  - You want to get your materials in a language other than English or in an alternate format.

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- **Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة لديك تتعلق بخططنا الصحية أو جدول الدواء. سيقوم شخص ما يتحدث العربية 1-866-722-6725 للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم بمساعدتك. هذه الخدمة المجانية.
- **Armenian:** Առողջութեան կամ դեղերի ծրագրի վերաբերյալ որևէ հարց առաջանալու դեպքում կարող եք օգտվել անվճար թարգմանչական ծառայությունից: Թարգմանչի ծառայությունից օգտվելու համար զանգահարե՛ք 1-866-722-6725 հեռախոսահամարով: Ձեզ կօգնի հայերենին տիրապետող մեր աշխատակիցը: Ծառայությունն անվճար է:
- **Chinese Cantonese (Traditional):** 我們提供免費的口譯服務，以解答您對我們的健康或藥物計劃可能有的任何問題。如需獲得口譯服務，請致電 1-866-722-6725 聯絡我們。我們有會說中文的工作人員可以為您提供幫助。這是一項免費服務。
- **Chinese Mandarin (Simplified):** 我们提供免费的口译服务，以解答您对我们的健康或药物计划可能有的任何问题。如需获得口译服务，请致电 1-866-722-6725 联系我们。我们有会说中文的工作人员可以为您提供帮助。这是一项免费服务。
- **English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-722-6725. Someone who speaks English can help you. This is a free service.
- **French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan sante oswa medikaman nou yo. Pou w jwenn yon entèprèt, jis rele nou nan 1-866-722-6725. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
- **French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-722-6725. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.
- **German:** Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-866-722-6725. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
- **Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-722-6725 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.
- **Hmong:** Peb muaj cov kev pab cuam txhais lus los teb koj cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kho mob thiab tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm 1-866-722-6725. Muaj qee tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov no yog kev pab cuam pab dawb.
- **Hmong-Mien:** Peb muaj kev pab cuam txhais lus pub dawb los teb cov lus nug uas koj muaj txog ntawm peb lub phiaj xwm kev noj qab haus huv los sis phiaj xwm tshuaj kho mob. Kom tau txais tus kws txhais lus, tsuas yog hu peb ntawm 1-866-722-6725. Muaj tus neeg hais lus Hmoob tuaj yeem pab tau koj. Qhov kev pab cuam no yog pab dawb xwb.

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- **Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per usufruire di un interprete, contattare il numero 1-866-722-6725. Un nostro incaricato che parla Italiano Le fornirà l'assistenza necessaria. È un servizio gratuito.
- **Japanese:** 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご利用になるには 1-866-722-6725 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。
- **Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-722-6725번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.
- **Lao:** ພວກເຮົາມີການບໍລິການນາຍພາສາພາສາລາວ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອຮັບເອົານາຍພາສາ, ພາຍໃຈໃຫ້ທ່ານພວກເຮົາທີ່ 1-866-722-6725. ບາງຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພາສາລາວ.
- **Mon-Khmer, Cambodian:** យើងខ្ញុំមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយមិនគិតថ្លៃចាំឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីសុខភាពឬផែនការឱសថរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែ គ្រាន់តែហៅទូរស័ព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-866-722-6725។ មានគេដែលនិយាយភាសាខ្មែរអាចជួយលោកអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃទេ។
- **Persian:** ما خدمات مترجم رایگان داریم تا به هر سوالی که ممکن است در مورد برنامه بهداشتی یا داروهای ما داشته باشید پاسخ دهیم. توجه: شخصی که به زبان فارسی صحبت می کند، تماس بگیرید. 1-866-722-6725 برای آن که مترجم دریافت کنید فقط کافیس با شماره می تواند به شما کمک کند. این یک سرویس رایگان است.
- **Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-722-6725. Ta usługa jest bezpłatna.
- **Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-722-6725. Irá encontrar alguém que fale português para o ajudar. Este serviço é gratuito.
- **Punjabi:** ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲਾਂ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਭਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ, ਬੱਸ ਸਾਨੂੰ 1-866-722-6725 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ, ਉਹ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।
- **Russian:** Если у вас возникнут вопросы относительно плана медицинского обслуживания или обеспечения лекарственными препаратами, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номеру 1-866-722-6725. Вам окажет помощь сотрудник, который говорит на русском языке. Данная услуга бесплатная.

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- **Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, llame al 1-866-722-6725. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
- **Tagalog:** Mayroon kaming mga libreng serbisyo ng interpreter upang masagot ang anumang katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng interpreter, tawagan lamang kami sa 1-866-722-6725. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.
- **Thai:** เรามีบริการล่ามฟรีเพื่อตอบข้อสงสัยต่าง ๆ ที่คุณอาจมีเกี่ยวกับแผนสุขภาพและด้านเภสัชกรรมของเรา ขอความช่วยเหลือจากล่ามโดยโทรติดต่อเราที่หมายเลข 1-866-722-6725 เจ้าหน้าที่ในภาษาไทยจะเป็นผู้ให้บริการโดยไม่มีค่าใช้จ่ายใด ๆ
- **Ukrainian:** Ми надаємо безкоштовні послуги усного перекладача, який відповість на будь-які ваші запитання щодо нашого плану медичного обслуговування або лікарського забезпечення. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером 1-866-722-6725. Вам може допомогти людина, яка володіє українською мовою. Ця послуга безкоштовна.
- **Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi quý vị có thể có về chương sức khỏe và chương trình thuốc men. Để được thông dịch, chỉ cần gọi theo số 1-866-722-6725. Người nói Tiếng Việt có thể trợ giúp quý vị. Đây là dịch vụ miễn phí.

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## B. FREQUENTLY ASKED QUESTIONS (FAQ)

The following table lists frequently asked questions.

FREQUENTLY ASKED QUESTIONS	ANSWERS
<p><b>What is a Medicare-Medi-Cal Plan?</b></p>	<p>A Medicare-Medi-Cal Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people age 65 and older. A Medicare-Medi-Cal Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.</p>
<p><b>Will I get the same Medicare and Medi-Cal benefits in SCAN Connections that I get now?</b></p>	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from SCAN Connections. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team’s assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in SCAN Connections, you and your care team will work together to develop an Individualized Plan of Care to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are new to the plan and taking any Medicare Part D prescription drugs that SCAN Connections does not normally cover, you can get a temporary supply of up to a 30-day supply of medication (for those members who aren’t in a long-term care facility) or a 31-day supply of medication (for those members who reside in a long-term care facility) within the first 90-days of enrollment and we will help you to transition to another drug or get an exception for SCAN Connections to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>

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## FREQUENTLY ASKED QUESTIONS

## ANSWERS

**Can I go to the same doctors I use now?**

Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with SCAN Connections and have a contract with us, you can keep going to them.

- Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in SCAN Connections network.** If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.
- If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of the SCAN Connections plan. Our plan also covers urgent care and emergency services worldwide if you have medical symptoms that require immediate medical attention. This does not include physician office visits.
- If you are currently under treatment with a provider that is out of SCAN Connections network, or have an established relationship with a provider that is out of SCAN Connections network, call Member Services to check about staying connected and ask for continuity of care.
- Continuity of Care (COC) is available for members who need additional assistance to ensure uninterrupted care and safe transition of services.

### **Important COC information:**

- COC requests are made together with you and your primary care physician (PCP).
- You must meet certain criteria in order to receive COC services. See the SCAN Connections *Member Handbook* for more details.
- COC services extend to PCP, specialists, and select providers/ services.
- COC is only available for covered SCAN Connections benefits/ services.

To find out if your doctors are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read SCAN Connections Provider & Pharmacy Directory on the plan’s website at [www.scanhealthplan.com](http://www.scanhealthplan.com).

If SCAN Connections is new for you, we will work with you to develop an Individualized Plan of Care to address your needs.

**This section is continued on the next page**

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FREQUENTLY ASKED QUESTIONS	ANSWERS
<p><b>What is a SCAN Connections care coordinator?</b></p>	<p>A SCAN Connections care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>
<p><b>What are Long-term Services and Supports (LTSS)?</b></p>	<p>Long-term Services and Supports (LTSS) are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.</p>
<p><b>What is a Multipurpose Senior Services Program (MSSP)?</b></p>	<p>This is not a covered benefit for SCAN Connections.</p>
<p><b>What happens if I need a service but no one in SCAN Connections network can provide it?</b></p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, SCAN Connections will pay for the cost of an out-of-network provider.</p>
<p><b>Where is SCAN Connections available?</b></p>	<p>The service area for this plan includes: Los Angeles, Riverside, San Bernardino and San Diego Counties. You must live in these areas to join the plan.</p>
<p><b>What is prior authorization?</b></p>	<p>Prior authorization means an approval from SCAN Connections to seek services outside of our network or to get services not routinely covered by our network <b>before</b> you get the services. SCAN Connections may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p><b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.</b> SCAN Connections can provide you or your provider with a list of services or procedures that require you to get prior authorization from SCAN Connections before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>

**This section is continued on the next page**

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FREQUENTLY ASKED QUESTIONS	ANSWERS
<p><b>What is a referral?</b></p>	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, SCAN Connections may not cover the services. SCAN Connections can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
<p><b>Do I pay a monthly amount (also called a premium) under SCAN Connections?</b></p>	<p>No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
<p><b>Do I pay a deductible as a member of SCAN Connections?</b></p>	<p>No. You do not pay deductibles in SCAN Connections.</p>
<p><b>What is the maximum out-of-pocket amount that I will pay for medical services as a member of SCAN Connections?</b></p>	<p>There is no cost sharing for medical services in SCAN Connections, so your annual out-of-pocket costs will be \$0.</p>

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## C. LIST OF COVERED SERVICES

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
<b>You need hospital care</b>	Hospital stay	\$0	There is no limit to the number of medically necessary hospital days covered by the plan. <b>Physician referral and prior authorization rules apply.</b>
	Doctor or surgeon care	\$0	Doctor and surgeon care are provided as part of your hospital stay. <b>Physician referral and prior authorization rules may apply.</b>
	Outpatient hospital services, including observation	\$0	<b>Physician referral and prior authorization rules apply.</b>
	Ambulatory surgical center (ASC) services	\$0	<b>Physician referral and prior authorization rules apply.</b>
<b>You want a doctor (continued on the next page)</b>	Visits to treat an injury or illness	\$0	You must go to network doctors within the SCAN Connections plan. <b>Physician referral and prior authorization rules apply.</b>
	Specialist care	\$0	You must go to network doctors within the SCAN Connections plan. <b>Physician referral and prior authorization rules apply.</b>
	Wellness visits, such as a physical	\$0	You must go to your assigned PCP for your annual wellness and routine <b>physical exam</b> . You are covered for one routine physical examination and one wellness visit every year. The routine physical exam includes screening laboratory services as needed

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	Telehealth services	\$0	<p>Urgent medical care telehealth is available 24 hours a day, 7 days a week, 365 days a year.</p> <p>This benefit allows you to conduct a visit with a licensed 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>Behavioral Telehealth is also covered.</p> <p>This benefit allows you to connect with licensed Psychologists, Master’s level therapists, or Psychiatrists via video visits 7 days a week by appointment. Flexible scheduling provides night and weekend access, and many times, same day appointments.</p> <p>Urgent and behavioral telehealth visits with practitioners can be conducted by secure video capabilities from your computer, tablet, or smart phone.</p>
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	<b>Physician referral and prior authorization rules may apply.</b>
	“Welcome to Medicare” (preventative visit one time only)	\$0	During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventive Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.

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You need emergency care	Emergency room services	\$0	<p>You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories, without prior authorization or referral.</p> <p>Covered emergency services worldwide are also available if you have medical symptoms that require immediate medical attention. This does not include physician office visits.</p>
	Urgent care	\$0	<p>You may get covered urgent care whenever you need it, anywhere in the United States or its territories, without prior authorization or referral.</p> <p>Covered urgent care services worldwide are also available if you have medical symptoms that require immediate medical attention. This does not include physician office visits.</p>
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	<b>Physician referral and prior authorization rules apply.</b>
	Lab tests and diagnostic procedures, such as blood work	\$0	<b>Physician referral and prior authorization rules apply.</b>

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<p><b>You need hearing/auditory services</b></p>	Hearing screenings	\$0	<p><b>Physician referral and prior authorization rules apply.</b></p>
	Hearing aids	\$0	<p>You are covered for one routine hearing exam every year.</p> <p>You do not need a referral for a visit to a contracted routine hearing provider for a hearing screening to determine the need for hearing aids.</p> <p>Hearing aids are covered when determined to be necessary and obtained from a contracted provider.</p> <p>Hearing aid fittings and evaluations are covered for 12 months after the purchase of a SCAN-covered hearing aid.</p> <p>Hearing aid coverage includes a 60-day trial period, a 3-year manufacturer warranty, and 80 batteries.</p>
<p><b>You need dental care</b></p>	Dental check-ups and preventive care	\$0	<p>You are covered for Medi-Cal covered preventive dental services and procedures.</p> <p>See your DeltaCare USA fee schedule for a complete list of covered services. You can also call Delta Dental at 855-830-6583.</p>
	Restorative and emergency dental care	\$0	<p>You are covered for Medi-Cal covered comprehensive dental services and procedures. You are covered for up to \$100 for emergency dental services. Criteria applies.</p> <p>See your DeltaCare USA fee schedule for a complete list of covered services. You can also call Delta Dental at 855-830-6583.</p>

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You need eye care	Eye exams	\$0	<p><b>Vision care (Medicare-covered)</b> One exam every year for medically necessary eye exams to diagnose and treat diseases and injuries of the eye.</p> <p><b>Physician referral and prior authorization rules apply.</b></p> <p><b>Vision care (Routine/non-Medicare-covered)</b> One routine eye exam (refraction) every 12 months to determine vision prescription. You do not need a referral or prior authorization for visits to contracted vision providers.</p>
	Glasses or contact lenses	\$0	<p><b>Vision care (Medicare-covered)</b> One pair of Medicare-covered eye wear after cataract surgery.</p> <p><b>Physician referral and prior authorization rules apply.</b></p> <p><b>Vision care (Routine/non-Medicare-covered)</b> Covered up to \$500 every 12 months for frames/lens options or contact lenses. Contact lens coverage to include the cost of the contact lenses only. You pay any remaining costs beyond what SCAN Health Plan will cover. You do not need a referral or prior authorization for visits to contracted vision providers.</p>
	Other vision care	\$0	<p>Vision care including Eyeglasses, Contact Lenses, Prosthetic Eyes, and other Eye Appliances.</p> <p><b>Physician referral and prior authorization rules may apply.</b></p>

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<p><b>You need mental health services</b></p>	<p>Mental health services</p>	<p>\$0</p>	<p>Coverage includes:</p> <ul style="list-style-type: none"> <li>• Individual and group mental health evaluation and treatment</li> <li>• Psychological testing when clinically indicated to evaluate a mental health condition</li> <li>• Outpatient Services for the purpose of monitoring drug therapy</li> <li>• Outpatient laboratory, drugs, supplies and supplements</li> <li>• Psychiatric consultation for medication management.</li> <li>• Behavioral telehealth services</li> </ul> <p><b>Physician referral and prior authorization rules apply.</b></p>
	<p>Inpatient and outpatient care and community-based services for people who need mental health services</p>	<p>\$0</p>	<p>There is no limit to the number of medically necessary hospital days covered by the plan.</p> <p><b>Physician referral and prior authorization rules apply.</b></p>

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<p><b>You need a substance use disorder services</b></p>	<p>Substance use disorder services</p>	<p>\$0</p>	<p>You are covered for alcohol and substance abuse treatment services available under the Drug Medi-Cal program.</p> <p>SCAN will assist you in:</p> <ul style="list-style-type: none"> <li>• Inpatient detoxification</li> <li>• Outpatient individual and group substance abuse treatment services</li> <li>• Medicare-covered opioid treatment services</li> <li>• Medicare-covered opioid medication treatment</li> <li>• Medicare-covered toxicology testing</li> <li>• Partial hospitalization</li> <li>• Case management</li> <li>• Behavioral telehealth services</li> </ul> <p><b>Physician referral and prior authorization rules apply.</b></p>
<p><b>You need a place to live with people available to help you</b></p>	<p>Skilled nursing care</p>	<p>\$0</p>	<p>There is no limitation to the number of medically necessary skilled nursing days covered by the plan. No prior hospital stay is required.</p> <p><b>Physician referral and prior authorization rules apply.</b></p>
	<p>Nursing home care</p>	<p>\$0</p>	<p>You are covered for a skilled nursing facility (SNF) or continuing care retirement community as long as it provides skilled nursing care.</p> <p><b>Physician referral and prior authorization rules apply.</b></p>
<p><b>You need therapy after a stroke or accident</b></p>	<p>Occupational, physical, or speech therapy</p>	<p>\$0</p>	<p><b>Physician referral and prior authorization rules apply.</b></p>

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<p><b>You need help getting to health services</b></p>	<p>Ambulance services</p>	<p>\$0</p>	<p>You are covered for ground or air ambulance services to the nearest appropriate facility that can provide care only if your medical condition is such that other means of transportation could endanger your health or is prior authorized by SCAN.</p> <p><b>Physician referral and prior authorization rules may apply.</b></p>
	<p>Emergency transportation</p>	<p>\$0</p>	<p>You are covered for emergency ambulance services in situations where getting to the emergency room in any other way could endanger your health.</p> <p>Worldwide emergency transportation in an ambulance is covered from the scene of an emergency to the nearest medical treatment facility.</p>
	<p>Transportation to medical appointments and services</p>	<p>\$0</p>	<p>You are covered for unlimited one-way trips provided in a taxi or wheelchair or gurney van for non-emergent medical services.</p> <p>Transportation requests must be made at least 24 hours in advance (not including weekends) for a passenger vehicle and at least 48 hours in advance (not including weekends) for wheelchair or gurney service. Door-to-door service requires 72 hours in advance notice (not including weekends).</p> <p>One-way trips exceeding 75 miles and trips to non-medical/non-contracted destinations requires prior authorization.</p> <p>Certain destinations require specific criteria. See the SCAN Connections <i>Member Handbook</i> for more details.</p> <p><b>Physician prior authorization rules may apply.</b></p>

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HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
<p>You need drugs to treat your illness or condition (continued on the next page)</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in their office, some oral anti-cancer drugs, and some drugs used with certain durable medical equipment (such as nebulizers). Read the <i>Member Handbook</i> for more information on these drugs.</p> <p>You pay \$0 for Medicare-covered Part B drugs subject to Medicare coverage guidelines.</p> <p><b>Prior authorization</b> rules apply to select drugs.</p>
	<p>Medicare Part D prescription drugs</p> <ul style="list-style-type: none"> <li>• Cost-Sharing Tier 1: Preferred Generic. This tier includes generic drugs (the lowest tier).</li> <li>• Cost-Sharing Tier 2: Generic. This tier includes generic drugs.</li> <li>• Cost-Sharing Tier 3: Preferred Brand. This tier includes Insulin, other brand drugs and some generic drugs.</li> <li>• Cost-Sharing Tier 4: Non-Preferred Drug. This tier includes brand drugs and some generic drugs.</li> </ul>	<p><b>Tier 1: Preferred Generic:</b></p> <p><i>Standard cost-sharing:</i> You pay \$0 per prescription for a 30-day supply.</p> <p><i>Preferred cost-sharing:</i> You pay \$0 per prescription for a 30-day supply.</p> <p><b>Tier 2: Generic:</b></p> <p><i>Standard cost-sharing:</i> You pay \$0 or \$1 per prescription for a 30-day supply.</p> <p><i>Preferred cost-sharing:</i> You pay \$0 per prescription for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to SCAN Connections <i>List of Covered Drugs (Formulary)</i> for more information.</p> <p>Once you or others on your behalf pay \$2,000 you have reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs. Read the <i>Member Handbook</i> for more information on this stage.</p> <p>Most adult Part D vaccines, including shingles, tetanus and travel vaccines, are covered by our plan at no cost to you. Refer to your plan's "Drug List" (Formulary) or contact Member Services for coverage and cost-sharing details about specific vaccines.</p> <p>Some network pharmacies allow you to get a long-term supply of maintenance drugs. Our plan's mail-order service allows you to order up to a 100-day supply. A 100-day supply has the same copay as a one-month supply.</p> <p>If you reside in a long-term care facility, you pay a copayment for covered Part D prescription drugs. You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy. Some medications are available up to a one-month supply.</p>

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<p><b>You need drugs to treat your illness or condition (continued on the next page)</b></p>	<ul style="list-style-type: none"> <li>• Cost-Sharing Tier 5: Specialty Tier. This tier includes specialty drugs (the highest tier).</li> </ul>	<p><b>Tier 3: Preferred Brand:</b></p> <p><i>Standard cost-sharing:</i> You pay \$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription for a 30-day supply.</p> <p>Your copay for a one-month (30-day) supply of each covered insulin product on this tier is \$0 or \$4.80 or \$12.15.</p> <p><i>Preferred cost-sharing:</i> You pay \$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription for a 30-day supply.</p> <p>Your copay for a one-month (30-day) supply of each covered insulin product on this tier is \$0 or \$4.80 or \$12.15.</p>	<p>For more information, please call our Member Services Department at the number provided in this document or access your <i>Member Handbook</i> online.</p>

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<p>You need drugs to treat your illness or condition (continued on the next page)</p>		<p><b>Tier 4: Non-Preferred Drug:</b></p> <p><i>Standard cost-sharing:</i>            You pay \$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription for a 30-day supply.</p> <p><i>Preferred cost-sharing:</i>            You pay \$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription for a 30-day supply.</p> <p><b>Tier 5: Specialty Tier:</b></p> <p><i>Standard cost-sharing:</i>            You pay \$0 or \$1.60 or \$4.90 or \$4.80 or \$12.15 per prescription for a 30-day supply.</p>	

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<p><b>You need drugs to treat your illness or condition (continued)</b></p>	<p>Over-the-counter (OTC) drugs</p>	<p>\$0</p>	<p>Select prescription and over-the-counter drugs are covered for you under your Medi-Cal benefits with your doctor's prescription at our network pharmacies. Please contact Member Services or visit our website (<a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a>) for additional information regarding which drugs are covered. There may be limitations on the types of drugs covered. Please contact Member Services for more information or visit our website (<a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a>) for more information. Note: there are no restrictions/limits on the OTC medications that are covered by SCAN Connections under members' Medi-Cal benefit.</p>
	<p>Over-the-counter (OTC) – Mail-order catalog and retail locations</p>	<p>\$0</p>	<p>You are covered up to \$65 per month for eligible OTC products available through mail-order catalog or contracted retail locations. This benefit is combined with the Grocery (SSBCI) benefit. You must qualify for SSBCI services in order to access this benefit.</p> <p>Unused balances <u>will not</u> carryover to the next month or next calendar year.</p> <p>Eligibility for this benefit is not based solely on chronic conditions. All applicable eligibility requirements must be met before the benefit is provided.</p> <p>Qualifying chronic condition(s) required to be eligible for the SSBCI benefit include cardiovascular disorders, chronic heart failure, diabetes, cancer, chronic lung disorders.</p> <p>Other chronic conditions may apply. Medical records will be used to establish qualifications for the benefit.</p>

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HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
<p><b>You need help getting better or have special health needs</b></p>	<p>Rehabilitation services</p>	<p>\$0</p>	<p>You are covered for the following outpatient rehabilitation services:</p> <ul style="list-style-type: none"> <li>• Cardiac rehabilitation</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Speech Therapy</li> <li>• Pulmonary services</li> <li>• Supervised exercise therapy for peripheral artery disease (PAD)</li> <li>• Covered up to 36 sessions over 12 weeks. Additional session available if deemed medically necessary.</li> </ul> <p><b>Physician referral and prior authorization rules may apply.</b></p>
	<p>Medical equipment for home care</p>	<p>\$0</p>	<p><b>Physician referral and prior authorization rules may apply.</b></p>
	<p>Dialysis services</p>	<p>\$0</p>	<p>Covered services include:</p> <ul style="list-style-type: none"> <li>• Kidney disease education</li> <li>• Outpatient dialysis treatments (including dialysis treatments when temporarily out of the service area or when your provider for this service is temporarily unavailable or inaccessible)</li> <li>• Inpatient dialysis treatments (if you are admitted as an inpatient to a hospital for special care)</li> <li>• Self-dialysis training (includes training for you and anyone helping you with your home dialysis treatments)</li> <li>• Home dialysis equipment and supplies</li> <li>• Certain home support services (such as, when necessary, visits by trained dialysis workers to check on your home dialysis, to help in emergencies, and check your dialysis equipment and water supply)</li> </ul> <p><b>Physician referral and prior authorization rules may apply.</b></p>

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HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
<p><b>You need foot care</b></p>	Podiatry services	\$0	<p>You are covered for the treatment of injuries and diseases of the feet (such as hammer toe or heel spurs).</p> <p>Routine foot care (nail/callus trimming) is available if you have certain medical conditions affecting the lower limbs.</p> <p><b>Physician referral and prior authorization rules apply.</b></p>
	Orthotic services	\$0	<p><b>Physician referral and prior authorization rules may apply.</b></p>
<p><b>You need durable medical equipment (DME)</b></p> <p><b>Note:</b> This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i>.</p>	Wheelchairs, crutches, and walkers	\$0	<p><b>Physician referral and prior authorization rules apply.</b></p>
	Nebulizers	\$0	<p>Coverage does not include items to be used outside of the home, such as oxygen, ramps, portable nebulizers, and other equipment unless medically necessary, meets criteria and is covered by Medicare/Medi-Cal.</p> <p><b>Physician referral and prior authorization rules apply.</b></p>
	Oxygen equipment and supplies	\$0	<p>Durable medical equipment (DME) supplies are limited to equipment and devices which do not duplicate the function of another piece of equipment or device covered by SCAN Connections and are appropriate for use in the home. Coverage does not include items to be used outside of the home, such as oxygen, ramps, portable nebulizers, and other equipment unless medically necessary, meets criteria and is covered by Medicare/Medi-Cal.</p> <p><b>Physician referral and prior authorization rules apply.</b></p>
<p><b>Additional Services</b></p>	Bathroom safety equipment	\$0	<p>You are covered for select bathroom safety equipment to assist you in performing certain daily activities.</p> <p><b>Prior authorization rules apply.</b></p>

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HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need help living at home (continued on the next page)	Home health services	\$0	<b>Physician referral and prior authorization rules apply.</b>
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	<b>Prior authorization rules apply.</b>
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	<b>Prior authorization rules apply.</b>
	Day habilitation services	\$0	
	Services to help you live on your own (home health care services or personal care attendant services)	\$0	<p>You are covered for the following services:</p> <p><b>Home-Delivered Meals</b> Home delivery of meals to meet nutritional needs.</p> <p><b>Homemaker Services</b> Assistance with light cleaning, grocery shopping, laundry and meal preparation.</p> <p><b>Incontinence and Hygiene Supplies</b> Creams and washes, disposable briefs, diapers, underpants, undergarments, liners and pads.</p> <p><b>In-Home Caregiver Relief</b> Alternative caregiver services in your home when your regular caregiver can't be there.</p> <p><b>Inpatient Custodial Level Care</b> Up to five days of 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 services.</p> <p><b>Personal Care Services</b> In-home assistance for tasks such as bathing, dressing, eating, getting in and out of bed, moving about/walking, and grooming.</p>

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HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
You need help living at home (continued)			<p><b>Transportation Escort Services</b> An escort to assist you during transportation to and from medical appointments.</p> <p><b>Prior authorization rules apply.</b></p>
Additional services (continued on the next page)	Acupuncture services	\$0	<p><b>Acupuncture for chronic low back pain (Medicare-covered)</b> Up to 12 visits in 90 days and additional sessions up to 20 treatments will be covered if Medicare criteria is met.</p> <p><b>Physician referral and prior authorization rules apply.</b></p> <p><b>Acupuncture (Routine/non-Medicare-covered)</b> You are covered up to 36 visits per year of routine acupuncture services. You must use SCAN's contracted routine acupuncture providers.</p> <p>You do not need a referral or authorization for an initial acupuncture visit. Any subsequent visits require <b>prior authorization</b>.</p>
	Chiropractic services	\$0	<p><b>Chiropractic services (Medicare-covered)</b> Covers manual manipulation of the spine to correct subluxation.</p> <p><b>Prior authorization rules apply.</b></p> <p><b>Chiropractic services (Routine/non-Medicare-covered)</b> You are covered up to 30 visits per year of routine chiropractic services. You must use SCAN's contracted routine chiropractic provider.</p> <p>You do not need a referral for an initial chiropractic visit. Any subsequent visits require prior authorization.</p>

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HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
<b>Additional services (continued on the next page)</b>	Diabetes supplies and services	\$0	<b>Coverage includes:</b> <ul style="list-style-type: none"> <li>• Supplies to monitor your blood glucose levels</li> <li>• diabetes self-management training</li> <li>• diabetic therapeutic shoes and inserts</li> </ul> Blood glucose monitors, test strips, and control solutions are only available from one manufacturer (Abbott). Lancets are available from any manufacturer. <b>Physician referral and prior authorization rules apply.</b> <b>Prior authorization rules apply to diabetes self-management training, therapeutic shoes, and inserts.</b>
	Prosthetic services	\$0	<b>Physician referral and prior authorization rules apply.</b>
	Radiation therapy	\$0	<b>Physician referral and prior authorization rules apply.</b>

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HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
Additional services (continued on the next page)	<b>Services to help manage your disease</b>		
	BrainHQ	\$0	Online games/exercises to improve attention, memory, brain speed. <b>This service <u>does not</u> require a referral or prior authorization.</b>
	Care management	\$0	SCAN care manager available to help you manage your health conditions. <b>This service <u>does not</u> require a referral or prior authorization.</b>
	Fitness membership	\$0	Access to contracted gyms and premier fitness facilities. Some sites have visit limits. <b>This service <u>does not</u> require a referral or prior authorization.</b>
	Groceries (SSBCI)	\$0	You are covered for up to \$65 per month for healthy groceries (SSBCI) at select retailers. This benefit is combined with the over-the-counter benefit. You must qualify for SSBCI services in order to access this benefit.  Unused balances <u>will not</u> carryover to the next month or next calendar year.  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.

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	HEALTHtech+	\$0	Technology assistance to help access health related applications. <b>This service <u>does not</u> require a referral or prior authorization.</b>
	Included LGBTQ+ Health	\$0	Access affirming care, lifestyle support, peer/community resources. <b>This service <u>does not</u> require a referral or prior authorization.</b>
	Nurse Advice Line	\$0	Available 24 hours a day, 7 days a week. <b>This service <u>does not</u> require a referral or prior authorization.</b>
	Personal Assistance Line (PAL)	\$0	Home unit or wearable neck pendant to call for emergency assistance. <b>This service <u>does not</u> require a referral or prior authorization.</b>
	Personal Emergency Response System (PERS)	\$0	Home unit or wearable neck pendant to call for emergency assistance. <b>This service <u>does not</u> require a referral or prior authorization.</b>
	Chronic Condition Meals	\$0	Up to 4 weeks (84 meal maximum per year) of meals delivered to your home. <b>Requires prior authorizations.</b>
	Community Supports	\$0	Services for members who are experiencing homelessness. Assists with services such as: housing transition, deposits, sustain housing, and recuperative care. <b>Requires prior authorizations.</b>
	Nutritional Supplements	\$0	Supplements like Ensure, Boost or Glucerna are available if prescribed by your PCP. <b>Requires prior authorizations.</b>

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HEALTH NEED OR CONCERN	SERVICES YOU MAY NEED	YOUR COSTS FOR IN-NETWORK PROVIDERS	LIMITATIONS, EXCEPTIONS, & BENEFIT INFORMATION (RULES ABOUT BENEFITS)
	Returning to Home	\$0	Services available after a hospitalization or SNF stay. <ul style="list-style-type: none"> <li>• Up to ten 4-hour in-home care visits (40 hours total per year) to help with activities of daily living</li> <li>• Up to 4 weeks (84 meal maximum per year) of meals delivered to your home.</li> </ul> <b>Requires prior authorizations.</b>

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the SCAN Connections *Member Handbook*. If you don't have a *Member Handbook*, call SCAN Connections Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

**? If you have questions**, please call SCAN Connections (HMO D-SNP) at 1-866-722-6725, (TTY users should call 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. The call is free. **For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

## D. BENEFITS COVERED OUTSIDE OF SCAN CONNECTIONS

There are some services that you can get that are not covered by SCAN Connections but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

OTHER SERVICES COVERED BY MEDI-CAL, OR A STATE AGENCY	YOUR COSTS
Day Habilitation	\$0
Expanded Alpha-Fetoprotein Testing (Administered by the Genetic Disease Branch of DHCS)	\$0
Intermediate Care Facility Services for the Developmentally Disabled Habilitative	\$0
Intermediate Care Facility Services for the Developmentally Disabled Nursing	\$0
Local Educational Agency (LEA) Services	\$0
Regional Center Services	\$0
Services provided in a State or Federal Hospital	\$0
Short-Doyle Mental Health Medi-Cal Program Services	\$0
Specialized Rehabilitative Services in Skilled Nursing Facilities and Intermediate Care Facilities	\$0
Specialty Mental Health and Substance Use Disorder Services	\$0
State Supported Services	\$0
Targeted Case Management Services Program	\$0
Targeted Case Management Services	\$0
Psychosocial Rehabilitation	\$0
Targeted Case Management	\$0

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## E. SERVICES THAT SCAN CONNECTIONS, MEDICARE, AND MEDI-CAL DO NOT COVER

This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

### SERVICES SCAN CONNECTIONS, MEDICARE, AND MEDI-CAL DO NOT COVER

- services considered not “reasonable and medically necessary”, according to Medicare and Medi-Cal, unless we list these as covered services
- experimental medical and surgical treatments, items, and drugs, unless Medicare, a Medicare-approved clinical research study, or our plan covers them.
- surgical treatment for morbid obesity, except when medically necessary and Medicare pays for it a private room in a hospital, except when medically necessary
- private duty nurse
- personal items in your room at a hospital or a nursing facility, such as a telephone or television
- full-time nursing care in your home
- fees charged by your immediate relatives or members of your household
- elective or voluntary enhancement procedures or services (including weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging and mental performance), except when medically necessary
- cosmetic surgery or other cosmetic work, unless it is needed because of an accidental injury or to improve a part of the body that is not shaped right. However, we pay for reconstruction of a breast after a mastectomy and for treating the other breast to match it
- routine foot care, except as described in Podiatry services
- orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
- supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease
- radial keratotomy, LASIK surgery
- reversal of sterilization procedures and non-prescription contraceptive supplies
- naturopath services (the use of natural or alternative treatments)
- services provided to veterans in Veterans Affairs (VA) facilities. However, when a veteran gets emergency services at a VA hospital and the VA cost-sharing is more than the cost-sharing under our plan, we will reimburse the veteran for the difference. You are still responsible for your cost-sharing amounts.

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## F. YOUR RIGHTS AS A MEMBER OF THE PLAN

As a member of SCAN Connections, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP) and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they are covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. SCAN Connections will pay for the cost of your second opinion visit
  - Make your health care wishes known in an advance directive

**? If you have questions**, please call SCAN Connections (HMO D-SNP) at 1-866-722-6725, (TTY users should call 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. The call is free. **For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

## **F. YOUR RIGHTS AS A MEMBER OF THE PLAN** (continued)

- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
  - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - Have your personal health information kept private
- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
  - File a complaint or grievance against us or our providers
  - Appeal certain decisions made by us or our providers
  - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number (1-888-466-2219), or a TDD line (1-877-688-9891) for the hearing and speech impaired. The DMHC website ([www.dmhca.gov/](http://www.dmhca.gov/)) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
  - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature
  - Ask for a State Hearing
  - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call SCAN Connections Member Services at 1-866-722-6725, (TTY users should call 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.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at 1-855-501-3077, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman 1-888-452-8609, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

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## G. HOW TO FILE A COMPLAINT OR APPEAL A DENIED, DELAYED, OR MODIFIED SERVICE

If you have a complaint or think SCAN Connections improperly denied, delayed, or modified a service, call Member Services at 1-866-722-6725, (TTY users should call 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. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Member Handbook*. You can also call SCAN Connections Member Services at 1-866-722-6725, (TTY users should call 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.

## H. WHAT TO DO IF YOU SUSPECT FRAUD

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at SCAN Connections Member Services. Phone numbers are 1-866-722-6725, (TTY users should call 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.
- Or, call the Medi-Cal Customer Service Center at 1-800-541-5555. TTY users may call 1-800-430-7077.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

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# ABOUT SCAN CONNECTIONS

**IF YOU HAVE GENERAL QUESTIONS OR QUESTIONS ABOUT OUR PLAN, SERVICES, SERVICE AREA, BILLING, OR MEMBER ID CARDS, PLEASE CALL SCAN CONNECTIONS MEMBER SERVICES:**

## **1-866-722-6725**

Calls to this number are free. 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.

Member Services also has free language interpreter services available for non-English speakers.

## **TTY: 711**

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**IF YOU HAVE QUESTIONS ABOUT YOUR HEALTH:**

- Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.
- If your PCP's office is closed, you can also call SCAN Connections Nurse Line. A nurse will listen to your problem and tell you how to get care. The numbers for the SCAN Connections Nurse Line are:

## **1-866-722-6725**

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## **TTY: 711**

Calls to this number are free. 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.

**? If you have questions**, please call SCAN Connections (HMO D-SNP) at 1-866-722-6725, (TTY users should call 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. The call is free. **For more information**, visit [www.scanhealthplan.com](http://www.scanhealthplan.com).

**IF YOU NEED IMMEDIATE BEHAVIORAL HEALTH CARE, PLEASE CALL THE BEHAVIORAL HEALTH CRISIS LINE:**

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SCAN Connections also has free language interpreter services available for non-English speakers.

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