

## **SCAN Retiree Group**

January 1, 2025 - December 31, 2025



Medicare Advantage Plan  
**2025 BENEFIT KIT**

**San Diego City Employees Retirement  
System (SDCERS)(HMO)**

# 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.

With a range of health plan products to choose from, there's a SCAN plan that's right for you. We're here to answer any questions you might have. And we look forward to welcoming you to the SCAN family!

## FAST FORWARD TO NOW

SCAN is an award-winning Medicare Advantage plan. We're still not-for-profit. And we're still committed to keeping people with Medicare healthy and independent.

## INSIDE YOU'LL FIND:

### **Benefits Highlights**

A plan highlight of the benefits offered.

### **Summary of Benefits**

This section gives you an overview of benefits, coverage and any copays for easy comparison.

### **Extra Benefit Details**

This section lists more information about the benefits we offer beyond Original Medicare.

### **Pharmacy Benefit Details**

This section gives an overview of our drug coverage along with money-saving tips.

### **Enroll Now**

Ready to join SCAN? This section has the information you'll need to complete.





## IMPORTANT INFORMATION:

### 2024 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



#### SCAN Health Plan - H5425

For 2024, SCAN Health Plan - H5425 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★☆

**Health Services Rating:** ★★★★★☆

**Drug Services Rating:** ★★★★★☆

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact SCAN Health Plan 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-315-7226 (toll-free) or 888-722-6889 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 800-559-3500 (toll-free) or 711 (TTY).



# San Diego City Employees Retirement System (SDCERS) (HMO)

January 1, 2025 - December 31, 2025



## Medicare Advantage Plan 2025 BENEFIT HIGHLIGHTS

Comprehensive Care	SDCERS
Maximum Out-of-Pocket (MOOP)	\$3,400
PCP Office Visits	\$10
Specialist Office Visits	\$10
Immunizations	\$0
Lab Services and X-rays	\$0
Breast Cancer Screening	\$0
Prostate Cancer Screening	\$0
Annual Wellness Exam/Visit	\$0
Medicare-Covered Chiropractic Services	\$10
Hospital and Emergency Care	SDCERS
Inpatient Hospital Care	\$0 (unlimited days)
Skilled Nursing Facility	\$0 (days 1- 120)
Outpatient Surgery	\$0
Outpatient Rehabilitation Services	\$0
Worldwide Emergency Care	\$50
Worldwide Urgent Care Services	\$10
Ambulance Services	\$0

Prescription Drug Coverage		SDCERS	
Part D Deductible		\$0	
Initial Coverage Stage - SCAN Contracted Retail Pharmacies (1-month/30-day supply)			
Pharmacy Network		PREFERRED	STANDARD
Tier 1: Preferred Generic		\$5	\$10
Tier 2: Generic		\$5	\$10
Tier 3: Preferred Brand	Insulin	\$20	\$20
	Other Drugs	\$20	\$20
Tier 4: Non-Preferred Drug		\$20	\$20
Tier 5: Specialty Tier		25%	25%

Get a 3-month supply (100 days) of Tiers 1, 2, 3, and 4 drugs at either a Retail Pharmacy or SCAN Mail-Order Pharmacy and only pay for 2 months. (Not available for Tier 5 drugs).

Additional Benefits and Services	SDCERS
Routine Hearing Test	\$10 (1 per year)
Hearing Aid Allowance	\$2,000 hearing aid(s) allowance every 2 years
Routine Chiropractic Services	\$10 (up to 20 visits every year)
Routine Transportation	\$0 (unlimited trips per year)
Health Club Membership	\$0
Telehealth Services	\$0
Cognifit	\$0
SCAN HEALTH <sup>tech</sup>	\$0
SCAN Learning Communities	\$0 In-person and virtual health education classes to maintain good mental and physical health
Caregiver Training and Support	\$0 In-person and virtual skill training and support for caregivers
Home-Delivered Meals	\$0 Home-delivered meals are available to members with chronic conditions up to 28 days/84 meals

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

SCAN 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 \$1,200 per month of these additional services. ILP/LTSS Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California. Contact Independent Living Power Call Center at 1-800-887-8695 for an assessment request.

**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. Contact SCAN Member Services for details.

<b>Homemaker Service</b> You are eligible to receive assistance with light cleaning, grocery shopping, laundry and meal preparation.	You pay \$15 per visit
<b>Home Delivered Meals</b> You are covered for home delivery of meals to meet nutritional needs.	You pay \$0
<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.	You pay \$15 per visit
<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.	You pay \$0
<b>Transportation Escort Services</b> You are eligible to receive an escort to assist you during transportation to and from medical appointments.	You pay \$15 per visit
<b>Personal Care Coordinator</b> SCAN staff will provide personal assistance to coordinate your Independent Living Power/Long Term Support Services.	You pay \$0
<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.	You pay \$0
<b>In-Home Caregiver Relief</b> SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.	You pay \$15 per visit

\*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. ILP/LTSS 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)\*

<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.	You pay \$15 per visit
<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.	You pay \$0
<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.	You pay \$0

\*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. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.



## Notes



## **SUMMARY OF BENEFITS**

This section gives you an overview of benefits, coverage and any copays for easy comparison.



# 2025

## Summary of Benefits

SCAN Retiree Group  
San Diego City Employees Retirement System (SDCERS)(HMO)  
California

January 1, 2025 – December 31, 2025

SCAN Retiree Group - SDCERS (HMO) is an HMO plan with a Medicare contract. 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 “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, 2025 – DECEMBER 31, 2025

PREMIUM AND BENEFITS	SDCERS	WHAT YOU SHOULD KNOW
Monthly Health Plan Premium	For premium information, please contact your Plan Sponsor Benefits Administrator.	You must continue to pay your Medicare Part B premium.
Deductible	You pay \$0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	\$3,400 annually	The most you pay for copays and coinsurance for <b>Medicare-covered medical services for the year</b> .
Inpatient Hospital Coverage	You pay \$0	Our plan covers an unlimited number of days for an inpatient hospital stay. <b>Prior authorization</b> rules apply.
<b>Outpatient Hospital Services</b> <ul style="list-style-type: none"> <li>Ambulatory Surgical Center</li> <li>Outpatient Hospital</li> </ul>	You pay \$0 You pay \$0	<b>Prior authorization</b> rules apply for outpatient hospital services.
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>Primary Care</li> <li>Specialists</li> </ul>	You pay \$10 copay per visit You pay \$10 copay per visit	<b>Prior authorization</b> rules apply for specialist visits.
Preventive Care	You pay \$0	Any additional preventive services approved by Medicare during the contract year will be covered. <b>Prior authorization</b> rules apply.
Emergency Care	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.
Urgently Needed Services	You pay \$10 copay per visit	You are covered for worldwide urgent care services.

PREMIUM AND BENEFITS	SDCERS	WHAT YOU SHOULD KNOW
<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>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p><b>Prior authorization</b> rules apply for diagnostic, lab, and imaging services.</p>
<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>	<p>You pay \$10 copay per visit</p> <p>You pay \$10 copay for up to 1 visit every 12 months</p> <p>You pay \$10 copay within the first year of purchase</p> <p>Our plan pays up to \$2,000 for up to 2 hearing aids every 2 years</p>	<p><b>Prior authorization</b> rules apply for Medicare-covered diagnostic hearing and balance exams.</p> <p>You must go to a SCAN-contracted provider to obtain a routine hearing exam and hearing aids.</p>
<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 cleaning</li> <li>• Non-Medicare-covered (routine) dental X-rays</li> </ul>	<p>You pay \$0</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>	<p><b>Prior authorization</b> rules apply for Medicare-covered dental services.</p>
<b>Vision Services</b> <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 \$0</p> <p>You pay \$0</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>	<p><b>Prior authorization</b> rules apply for Medicare-covered vision exam and glasses after cataract surgery.</p>

PREMIUM AND BENEFITS	SDCERS	WHAT YOU SHOULD KNOW
<b>Mental Health Services</b> <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 \$0 per admission</p> <p>You pay \$0</p> <p>You pay \$0</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>
<b>Skilled Nursing Facility</b>	You pay \$0 for days 1-120	<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>
<b>Physical Therapy</b>	You pay \$0	<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>	<p>You pay \$0 for unlimited trips per year</p> <p>75-mile limit applies to each one-way trip</p>	<p><b>Prior authorization</b> rules apply for routine transportation services.</p> <p>You must use a SCAN-contracted provider to obtain routine transportation services.</p>
<b>Medicare Part B Drugs</b>	<p>You pay no more than \$30 for a one-month supply of a Part B insulin furnished through an item of durable medical equipment, such as a medically necessary insulin pump.</p> <p>You pay \$30 for chemotherapy and other Part B drugs</p>	<b>Prior authorization</b> rules apply to select drugs.

\*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.

## OUTPATIENT PRESCRIPTION DRUGS (PART D DRUGS):

### San Diego City Employees Retirement System (SDCERS)

You pay the following:

Part D Deductible	You pay \$0
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Drug Tier	Retail				Mail-Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	100-day supply	30-day supply	100-day supply	100-day supply	100-day supply

Initial Coverage Stage							
Tier 1 (Preferred Generic)		You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10	You pay \$20
Tier 2 (Generic)		You pay \$5	You pay \$10	You pay \$10	You pay \$20	You pay \$10	You pay \$20
Tier 3 (Preferred Brand)	Insulin	You pay \$20	You pay \$40	You pay \$20	You pay \$40	You pay \$40	You pay \$40
	Other Drugs	You pay \$20	You pay \$40	You pay \$20	You pay \$40	You pay \$40	You pay \$40
Tier 4 (Non-Preferred Drug)		You pay \$20	You pay \$40	You pay \$20	You pay \$40	You pay \$40	You pay \$40
Tier 5 (Specialty Tier)		You pay 25%	Not available	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 \$2,000. After your yearly out-of-pocket drug costs reach \$2,000, you pay \$0 for all covered prescription drugs for the remainder of the year.



You won't pay more than \$20 for a one-month supply of each insulin product covered by our plan on our "Drug List" (Formulary), no matter what cost-sharing tier it's on. You won't pay more than \$35 for a one-month supply of each insulin product covered through a coverage determination, appeal, or transition. During the Catastrophic Coverage Stage, you pay \$0 for all covered insulin products.

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.

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

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

PREMIUM AND BENEFITS	SDCERS	WHAT YOU SHOULD KNOW
<b>Routine Chiropractic Services</b>	You pay \$10 copay per visit for up to 20 visits per year	You do not need a referral for an initial routine chiropractor visit. Any subsequent visits require <b>prior authorization</b> .
<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> <li>• Continuous Glucose Monitors (CGMs)</li> </ul>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0 at the pharmacy or DME provider</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> <p>Freestyle Libre and Dexcom CGMs are covered at contracted pharmacies. Other CGM manufacturers are available at contracted DME providers.</p> <p><b>Prior authorization</b> rules apply.</p>

PREMIUM AND BENEFITS	SDCERS	WHAT YOU SHOULD KNOW
<b>Telehealth Services</b> <ul style="list-style-type: none"> <li>Urgent Care and Mental Health</li> </ul>	You pay \$0	<p><b>Urgent Care:</b> A licensed health care professional 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. Visits with providers can be conducted by telephone or secure video capabilities from your computer or smart phone. Telehealth is not intended to replace your primary care doctor or specialist.</p> <p><b>Behavioral Health:</b> This benefit allows you to connect with licensed Psychologists, Master's level therapists, or Psychiatrists via video visits 7 days a week by appointment.</p> <p>Behavioral telehealth visits with practitioners can be conducted by secure video capabilities from your computer, tablet, or smart phone. Behavioral telehealth is not intended to replace your medical groups mental health provider.</p>
<b>Health Club Membership</b>	You pay \$0	You are covered for SCAN-contracted health clubs in your area.
<b>Cognifit</b>	You pay \$0	Online games to keep your brain healthy and active.
<b>HEALTH<sup>tech</sup></b>	You pay \$0	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.

PREMIUM AND BENEFITS	SDCERS	WHAT YOU SHOULD KNOW
SCAN Learning Communities	You pay \$0	Learning Communities brings like minded people together for in-person health education classes to maintain good mental and physical health.
Caregiver training	You pay \$0	This series of classes provides information, skills training and support for caregivers.
Home-delivered meals	You pay \$0	Up to 28 days/84 meals of home-delivered meals are available to members with chronic conditions.

## INDEPENDENT LIVING POWER/LONG TERM SERVICES AND SUPPORTS (ILP/LTSS)\*

SCAN 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 \$1,200 per month of these additional services. ILP/LTSS Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California. Contact Independent Living Power Call Center at 1-800-887-8695 for an assessment request.

**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. Contact SCAN Member Services for details.

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

\*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. ILP/LTSS 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)\*

### **Inpatient Custodial Care**

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.

You pay \$0

### **In-Home Caregiver Relief**

SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.

You pay \$15 per visit

### **Community-Based Adult Services (CBAS)-Adult Day Care**

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.

You pay \$15 per visit

### **Incontinence Supplies**

Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.

You pay \$0

### **Select Bathroom Safety Equipment**

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.

You pay \$0

\*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. ILP/LTSS Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

## ADDITIONAL DETAILS AND CONTACT INFORMATION

**SCAN Retiree Group - SDCERS** 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	
Who can join?	<b>You must:</b> <ul style="list-style-type: none"> <li>– have both Medicare Part A and Part B</li> <li>– live in the plan service area (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Alameda, Fresno, Madera, Santa Clara, San Francisco, San Mateo and Stanislaus counties, California)</li> <li>– be a United States citizen or be lawfully present in the United States</li> <li>– not be medically determined to have end-stage renal disease (ESRD)</li> </ul>
Phone Number (Members)	<b>1-800-559-3500</b>
Phone Number (Non-Members)	<b>1-877-857-5053</b>
	Calling this number will direct you to a licensed insurance agent.
TTY	<b>711</b>
Hours of Operation	<b>October 1 to March 31:</b> 8 am to 8 pm, 7 days a week  <b>April 1 to September 30:</b> 8 am to 8 pm, Monday through Friday  Messages received on holidays and outside of our business hours will be returned within one business day.
Website	scanhealthplan.com

To get more information about the coverage and costs of Original Medicare, look in your current **“Medicare & You”** handbook. View it online at <https://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.

This information is not a complete description of benefits. Call 1-800-559-3500 (TTY: 711) for more information.

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 at 1-800-559-3500, 8 am to 8 pm, 7 days a week from October 1 to March 31. From April 1 to September 30, hours are 8 am to 8 pm Monday through Friday (messages received on holidays and outside of our business hours will be returned within one business day). TTY: 711. 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.

## 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:

**1-877-857-5053**

**TTY users call 711**

**October 1 to March 31**

8 am to 8 pm, 7 days a week

**April 1 to September 30**

8 am to 8 pm, 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 for which you routinely see a doctor. Visit [www.scanhealthplan.com](http://www.scanhealthplan.com) or call 1-877-857-5053 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

- ☐ Effect on Current Coverage. Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare Plan, you will no longer receive benefits from that plan once your new coverage starts.
- ☐ 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, 2026.
- ☐ 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).

SCAN Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of, or because of, race, color, national origin, age, disability, or sex. SCAN Health Plan provides free aids 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). 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. If you need these services, contact SCAN Member Services.

If you believe that SCAN Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by phone, mail, or fax, at:

SCAN Health Plan  
Attention: Grievance and Appeals Department  
P.O. Box 22616  
Long Beach, CA 90801-5616

SCAN Member Services  
PHONE: 1-800-559-3500  
FAX: 1-562-989-0958  
TTY: 711

Or by filling out the “File a Grievance” form on our website at:  
<https://www.scanhealthplan.com/contact-us/file-a-grievance>

If you need help filing a grievance, SCAN Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call 1-916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Services).
- In writing: Fill out a complaint form or send a letter to:  
Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413  
Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx).
- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

- **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:** Առողջության 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 ouwa 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 Arzneimittelplan. 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.



- **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 답해 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, ພາຍໃຈທ່ານພວກເຮົາທີ່ບໍ່ 1-866-722-6725. ບາງຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພາສາ.
- **Mon-Khmer, Cambodian:**  
 យើងខ្ញុំមានសេវាកម្មបកប្រែផ្ទាល់មាត់ដោយមិនគិតថ្លៃចាំឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីសុខភាពឬផែនការឱសថរបស់យើងខ្ញុំ។ ដើម្បីទទួលបានអ្នកបកប្រែគ្រាន់តែហៅទូរស័ព្ទមកយើងខ្ញុំតាមរយៈលេខ 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 بگیرد. 1-866-722-6725 برای آن که مترجم دریافت کنید فقط کافیست 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 ਦੁਬਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਹਨ। ਕੋਈ ਦੁਬਾਸ਼ੀਆ 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.
- **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 panggagamot. 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.

## Notes



## **EXTRA BENEFIT DETAILS**

This section lists more information about the benefits we offer beyond Original Medicare.



# BEYOND ORIGINAL MEDICARE

## Good health goes beyond the doctor's office.

SCAN offers you benefits beyond what Original Medicare alone provides. For some of these benefits, we partner with companies that specialize in the type of care and services provided. Your SCAN benefits may include coverage for these services—and more:

Services	Vendor	Phone Number	Website
Chiropractic	American Specialty Health (ASH)	1-800-678-9133	<a href="https://ashlink.com/ash/scan">ashlink.com/ash/scan</a>
Fitness	One Pass	1-877-504-6830	<a href="https://youronepass.com">youronepass.com</a>
Hearing	TruHearing	1-844-255-7148	<a href="https://truhearing.com/scan">truhearing.com/scan</a>
LGBTQ+ Health	Included LGBTQ+ Health	1-877-330-0889	<a href="https://scanhealthplan.com/extras2025">scanhealthplan.com/extras2025</a>
Nurse Advice Line	Included Health	1-844-431-5537	<a href="https://scanhealthplan.com/extras2025">scanhealthplan.com/extras2025</a>
Technology Support	Health-tech	1-833-437-0555	<a href="https://scanhealthplan.com/extras2025">scanhealthplan.com/extras2025</a>
Telehealth	Doctor On Demand by Included Health	1-888-993-4087	<a href="https://doctorondemand.com/SCAN">doctorondemand.com/SCAN</a>
Transportation	SafeRide	1-844-714-2218	<a href="https://scanhealthplan.com/extras2025">scanhealthplan.com/extras2025</a>



**\*Special Supplemental Benefits for the Chronically Ill (SSBCI):**

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.

SCAN Retiree Group - SDCERS (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal. Other providers are available in SCAN Health Plan's network.



SCAN offers a transportation benefit through SafeRide. Having a reliable ride service helps ensure you can get to the appointments and care you need. Each SCAN plan includes a set number of rides each year, all at no cost—and scheduling takes just one phone call. Your SCAN transportation benefit includes:

- Curb-to-curb service for rides to medical appointments and even the pharmacy
- Transportation reservations will need to be made at least 24-48 hours in advance
- Taxi, rideshare, wheelchair vans and other vehicle types are available to meet your needs
- 75-mile limit applies to each one-way trip

Some SCAN plans even cover rides to the grocery store, senior center or gym for members with certain chronic conditions. Learn more at [scanhealthplan.com/extras2025](https://scanhealthplan.com/extras2025).

## **HEARING AID**

**TruHearing®**

SCAN offers a hearing aid benefit through TruHearing®. Hearing health is important to your overall quality of life, and this benefit provides support every step of the way. From reduced-cost hearing aids to exams, adjustments and batteries. Your SCAN hearing aid benefit includes:

- Yearly hearing exams
- Advanced and Premium model hearing aids in a variety of styles at discounted prices
- Fittings and adjustments for 1 year
- Free trial, 3-year warranty, and more

As a “self-referral” benefit, you can use your hearing aid benefit without a referral from your primary care doctor. Just call TruHearing to schedule your appointment. Learn more at [scanhealthplan.com/hearing](https://scanhealthplan.com/hearing).

## **CHIROPRACTIC**

 **American Specialty Health**

SCAN offers coverage for chiropractic care through American Specialty Health (ASH). These are the types of services that can complement the care you get from your doctor to help manage pain, stress and other health issues.

Check the information in the benefits section of this kit to:

- See how many visits this plan covers each year
- Find out your copay amount for each visit

As a “self-referral” benefit, you can see an ASH provider without a referral from your primary care doctor. Just call ASH to find a provider near you—or to find out if your current practitioner is part of the ASH network. Learn more at [scanhealthplan.com/ASH](https://scanhealthplan.com/ASH).

Offering may vary based on plan and county. Check the plan’s Evidence of Coverage for details.



## NURSE ADVICE LINE



SCAN offers a 24-hour Nurse Advice Line benefit in all our plans. It's a great place to start when you're not sure what to do. When you call, you'll speak with a nurse who will listen to your questions, evaluate your symptoms, and recommend next steps—all at no cost.

The Nurse Advice Line:

- Connects you with a licensed registered nurse
- Is available 24 hours a day, 7 days a week
- Provides answers and next steps

Learn more at [scanhealthplan.com/extras2025](https://scanhealthplan.com/extras2025).



## TELEHEALTH FOR URGENT CARE



SCAN offers a telehealth benefit for urgent care services through Doctor On Demand by Included Health. This is a great option if you have a non-emergency condition and your doctor is not available. Think weekends, after-hours and even in the middle of the night. And, there's no cost for these visits.

The telehealth benefit for urgent care:

- Connects you with a board-certified doctor or nurse practitioner specially trained to deliver care virtually
- Is available 24 hours a day, 7 days a week
- Offers appointments or on-demand care by phone or virtually (via computer or smart phone)

Learn more at [doctorondemand.com/scan](https://doctorondemand.com/scan).



## TELEHEALTH FOR MENTAL HEALTH SERVICES



SCAN also offers virtual mental health services through Doctor On Demand by Included Health. This benefit can help with mental and behavioral health needs, including anxiety, depression, substance abuse and stress management. You'll connect for a face-to-face visit virtually, from the comfort of your home—at no cost.

The telehealth benefit for mental health care:

- Connects you with a licensed psychiatrist, psychologist, therapist, or social worker
- Is available seven days a week, including nights and weekends
- Offers virtual appointments within a few days

Learn more at [doctorondemand.com/scan](https://doctorondemand.com/scan).

Offering may vary based on plan and county. Check the plan's Evidence of Coverage for details.



SCAN offers the Health*tech* technology support benefit to all our members. We're all doing more things online, and we want you to take advantage of the convenience of online and digital services. Health*tech* is your no-cost tech support hotline for help using your computer, tablet or smartphone for health-related needs.

Call Health*tech* when you need to:

- Set up for a telehealth visit
- Use your medical group patient portal
- Log on to your many online SCAN benefits, from mail-order prescription services to the online programs and classes available through One Pass

Learn more at [scanhealthplan.com/h-tech](https://scanhealthplan.com/h-tech).



SCAN offers a fitness benefit through One Pass®. Because overall wellness is about more than just physical fitness, One Pass includes a wide variety of options for your physical, mental and social health.

The One Pass fitness benefit includes:

- Thousands of locations, including national health clubs, local favorites, and specialty fitness boutiques
- On-demand and live-streaming classes you can do from home
- Online, guided programs for specific health issues, such as osteoporosis, fall prevention, and brain health
- Over 25,000 no-cost social events and classes—offered online and in person

Learn more at [youronepass.com](https://youronepass.com).



We know how important it is to have a doctor who understands and is prepared to meet the needs of their LGBTQ+ patients. That's why we've teamed up with Included LGBTQ+ Health. You'll benefit from having a dedicated care coordinator who will work with you one-on-one if you need help:

- Finding an affirming, in-network provider
- Getting answers to questions about your SCAN benefits
- Finding local and community LGBTQ+ resources
- Understanding your medical bills
- Answering questions from your family or community

Learn more at [scanhealthplan.com/extras2025](https://scanhealthplan.com/extras2025).

Offering may vary based on plan and county. Check the plan's Evidence of Coverage for details.



SCAN's home-delivered meal benefit can help you recover after a hospital stay or jump start healthy eating habits if you have a chronic condition. Nutritionally balanced meals mean less grocery shopping and no cooking—they're heat, eat and enjoy!

The home-delivered meal benefit is available at no cost to members who qualify and includes:

- Health-specific menu options, such as lower-sodium, diabetic-friendly and more
- Meal delivery for up to 28 days and up to 84 meals per year
- You may qualify if you're homebound or have certain chronic conditions

Learn more at [scanhealthplan.com/extras2025](https://scanhealthplan.com/extras2025).

## **PHARMACY BENEFIT DETAILS**

This section gives an overview of our drug coverage along with money-saving tips.





# COST SAVINGS AND CONVENIENCE:

## **The SCAN Pharmacy Benefit**

One of the many reasons to choose a SCAN Medicare Advantage plan is our easy-to-use pharmacy benefit. We know how important it is to keep the cost of your medications low.

We have over 66,000 network pharmacies across the country; offer home delivery through Express Scripts Pharmacy<sup>SM</sup>; provide a formulary tool to help you search for your drugs; and much more.

The following pages include information on how to get the most from your medications and save!

# SAVE MONEY ON YOUR MEDICATION

## Make it mail-order from express scripts Pharmacy<sup>SM</sup>

The easy way to fill your maintenance medications. Make fewer trips to the pharmacy by having your 3-month supply delivered right to you and right on time. And standard shipping is free! Having more medication on hand can also help make sure that you don't run out of these important medications.

## TIERS 1, 2, 3, AND 4: BUY TWO, GET ONE FREE!

You'll pay just two copayments when you pick up a 3-month supply of prescription drugs on tiers 1, 2, 3 and 4. That means you pay for 2 months and get the 3rd month free!



## TAKE ADVANTAGE OF THE SAVINGS AND CONVENIENCE OF HOME DELIVERY, PLUS THE ADDED BENEFITS OF:

- **Automatic Refills**

Sign up for automatic refills with Express Scripts Pharmacy, they'll remember so you don't have to.

- **Online Tracking**

Easily manage your medications on the Express Scripts website or app.

- **Payment Flexibility**

Express Scripts Pharmacy offers payment options that work with your budget

- **Have Questions?**

24/7 telephone access to a pharmacist at 1-866-553-4125 (TTY: 711).

## Make the Switch

Once your SCAN membership begins, contact:

- Express Scripts Personal Enrollment Specialist at 1-877-842-9792 (TTY: 711)

**OR**

- Your doctor's office and ask about home delivery for your maintenance medications. They can send your 3-month prescriptions right to Express Scripts Pharmacy



# KEEPING PRESCRIPTION MEDICATIONS AFFORDABLE

We know how important it is to keep the cost of medications low. Here are even more ways to save with SCAN Health Plan.



## **Preferred Pharmacies = Lower Copayments**

The lowest prices are available through SCAN Preferred Pharmacies

If you prefer to fill your prescriptions at a local pharmacy but still want to save money, we have you covered. Just use a SCAN Preferred pharmacy. These are pharmacies in the SCAN network that generally offer lower copayments than Standard pharmacies for most drugs.

While you can fill your prescriptions at any of the pharmacies listed below, you may pay less at a Preferred pharmacy.

### **Preferred Pharmacies**

- CVS
- Express Scripts Pharmacy
- Rite Aid
- Costco
- Walmart/Sam's Club
- Safeway/Albertsons
- H-E-B
- SortPak
- Many Independent Pharmacies

### **Standard Pharmacies**

- Walgreens
- Medicine Shoppe
- Select Independent Pharmacies

## **3-MONTH SUPPLY**

Save time by getting a 3-month supply of the medications you take on an ongoing basis. Specialty tier (Tier 5) drugs are not available for a 3-month supply.

## **NEW FOR 2025**

You will never pay more than \$2,000 in out-of-pocket for your prescription drugs, but you may pay even less.

Some members may benefit from the new Medicare Prescription Payment Plan option that helps spread out your out-of-pocket cost for a drug if it is too high. And SCAN is always here to help find solutions like patient assistance programs or apply for "Extra Help" from Medicare.



**ENROLL NOW**

Ready to join SCAN?



# RETIREE GROUP HEALTH PLAN ENROLLMENT REQUEST FORM



Please contact SCAN Health Plan® if you need any information in another language or format. (Braille)

**STEP 1:** Please fill out the application completely. Use a ballpoint pen and press hard to make two copies.

**STEP 2:** Sign and date the application.

**STEP 3:** Keep the BOTTOM copy for your file.

If you have any questions regarding this application, please call 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.

## 1 To Enroll in SCAN Health Plan, Please Provide the Following Information:

Retiree Group Number:												Group Number:											
Last Name:																							
First Name:												M.I. (optional)											
Birth Date:												Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female											
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div>M</div><div>M</div><div></div><div></div><div>D</div><div>D</div><div></div><div></div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>																							
Phone Number: (          )          -																							
<b>Permanent Residence Street Address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):</b>																							
City:												State:				ZIP Code:							
<b>Mailing Address (only if different from your Permanent Address):</b>																							
Street Address:																							
City:												State:				ZIP Code:							
<b>Emergency Contact: (optional)</b>																							
Phone Number: (          )          -												Relationship to You:											

## 2 Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section. <ul style="list-style-type: none"><li>Fill out this information as it appears on your Medicare card.</li></ul>												Name (as it appears on your Medicare card):											
												Medicare Number:											
Social Security:          -          -																							



### Please Read and Answer These Important Questions

1.	Are you the retiree? If yes, retirement date (month/date/year): _____ If no, name of retiree: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you covering a spouse or dependents under this employer or union plan? If yes, name of spouse: _____ Name(s) of dependent(s): _____ ** A separate application is required for a spouse or dependent for enrollment in SCAN Health Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you work? Does your spouse work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits or state pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to SCAN Health Plan? If "yes" please provide the following information: Name of other coverage: _____ ID # for other coverage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you a resident in a long-term care facility, such as a nursing home? If "yes" please provide the following information: Name of Institution: _____ Address & Phone Number of Institution (number and street): _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. Please call SCAN Member Services at 1-800-559-3500. TTY: 711.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or RRB. **DO NOT** pay SCAN Health Plan the Part D-IRMAA. For more information about contact your local Social Security office, or call Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

### Physician Information

**Please choose a Primary Care Physician (PCP), and Medical Group.**

I do not have a preferred primary care physician. Please auto assign to a contracted SCAN primary care physician. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician Name:	Physician ID Number: <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div> - <div></div> </div>
Medical Group Name:	Group ID Number: <div> <div></div><div></div><div></div><div></div><div></div> </div>
Are you a current patient of this physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	





The fields in this section are optional. Answering these questions is your choice. You can't be denied coverage you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin  
☐ Yes, Mexican, Mexican American, Chicano/a  
☐ Yes, Puerto Rican
- ☐ Yes, Cuban  
☐ Yes, another Hispanic, Latino/a, or Spanish origin  
☐ I choose not to answer.

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native  
☐ Chinese  
☐ Japanese  
☐ Other Asian  
☐ Vietnamese  
☐ I choose not to answer.
- ☐ Asian Indian  
☐ Cambodian  
☐ Filipino  
☐ Korean  
☐ Other Pacific Islander  
☐ White
- ☐ Black or African American  
☐ Guamanian or Chamorro  
☐ Native Hawaiian  
☐ Samoan  
☐ Mixed Race  
☐ Unknown

What's your gender identity? Select one.

- ☐ Male    ☐ Female  
☐ Transgender Male    ☐ Transgender Female  
☐ A gender that's not listed \_\_\_\_\_
- ☐ Not sure  
☐ I choose not to answer.

What's your sexual orientation? Select one.

- ☐ Lesbian    ☐ Gay  
☐ Straight - Heterosexual    ☐ Bisexual  
☐ A sexual orientation that's not listed \_\_\_\_\_
- ☐ Not sure  
☐ I choose not to answer.

What are your pronouns? Select one.

- ☐ He/Him    ☐ She/Her  
☐ They/Them
- ☐ Other \_\_\_\_\_  
☐ I choose not to answer.

**Email Opt-In:**

Email Address: \_\_\_\_\_

I want to get the following materials via email:

- ☐ By providing my email address, I agree to receive my SCAN materials online rather than by U.S. Mail. I understand this would include documents such as the Part C and Part D Explanation of Benefits (EOB), Annual Notice of Change (ANOC) and I can change back to U.S. mail at any time.

**Texting Opt-in:**

Mobile Number: (    )    -   

\* By providing my number, I agree to receive automated and/or other text messages by SCAN Health Plan for healthcare, benefits, or any other purpose. Such consent is not a condition of receipt of any service and I can opt out at any time. Msg and data rates may apply.

**Language Preferences:**

Select one if you want us to send you information in a language other than English:

- ☐ Spanish    ☐ Chinese    ☐ Korean    ☐ Vietnamese

What is your preferred spoken language if other than English:

- ☐ Spanish    ☐ Cantonese    ☐ Mandarin    ☐ Korean    ☐ Vietnamese

Select one if you want us to send you information in an accessible format:    ☐ Braille    ☐ Large print    ☐ Audio CD

Please contact SCAN Health Plan at 1-877-212-7654 (TTY: 711) if you need information in an accessible format (like audio or large print) or a language other than those listed above. 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.



**By completing this enrollment application, I agree to the following:**

SCAN Health Plan is a Medicare Advantage plan and has a contract with the Federal Government. I will need to keep my Medicare Parts A and B. I can be in only one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example: October 15–December 7 of every year), or under certain special circumstances.

SCAN Health Plan serves a specific service area. If I move out of the area that SCAN Health Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of SCAN, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from SCAN when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date SCAN coverage begins, I must get all of my health care from SCAN, except for emergency or urgently needed services or out-of-area dialysis services. Services authorized by SCAN and other services contained in my SCAN Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR SCAN WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with SCAN, he/she may be paid based on my enrollment in SCAN.

**Release of Information:** By joining this Medicare health plan, I acknowledge that SCAN will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that SCAN will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that 1) this person is authorized under state law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature:\_\_\_\_\_ Today's Date:\_\_\_\_\_

If you are the authorized representative, you must sign above and provide the following information:

Name:\_\_\_\_\_ Relationship to enrollee:\_\_\_\_\_

Address:\_\_\_\_\_

Phone number: (\_\_\_\_)\_\_\_\_\_

**FOR INDIVIDUALS HELPING ENROLLEE WITH COMPLETING THIS FORM ONLY**

Complete this section if you are an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

NAME:	RELATIONSHIP TO ENROLLEE:	SIGNATURE:
EFFECTIVE DATE OF COVERAGE: ____/____/____ M M D D Y Y Y Y	REC'D DATE:	NATIONAL PRODUCER NUMBER (NPN):

3800 Kilroy Airport Way, Suite 100, Long Beach, CA 90806



# CONTINUITY OF CARE



\*PLEASE PRINT LEGIBLY\*

Member Last Name:		Effective Date:
Member First Name:		DOB:
Phone:	Alternate Phone:	
Emergency Contact:	Emergency Contact Phone:	
<b>EXISTING SERVICES:</b>		
Please provide as much information as possible about the continuity of care needs expressed during the enrollment conference.		
<input type="checkbox"/> Urgent Continuity of Care Need (appointment within 1st week of effective date)		
<input type="checkbox"/> Currently Inpatient (Hosp/SNF) Facility:		Discharge Date:
Specialist Name:	Phone:	Appt:
Specialist Name:	Phone:	Appt:
Home Health:	Phone:	Schedule:
Dialysis Center:	Phone:	Schedule:
Procedure & Provider:		Phone:
Procedure Appt:		
<b>DURABLE MEDICAL EQUIPMENT:</b>		
<input type="checkbox"/> CPAP/Nebulizer <input type="checkbox"/> Oxygen <input type="checkbox"/> CGM <input type="checkbox"/> Hospital Bed <input type="checkbox"/> Ostomy		
<input type="checkbox"/> Other (briefly describe): _____		
<b>MEDICATION ASSISTANCE:</b>		
Does the member have any current medications that require <b>prior authorization</b> or <b>not on the SCAN Formulary</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If <b>Yes</b> , please enter the names(s) of the medications(s).		
_____		
_____		
<b>ADDITIONAL NEEDS:</b>		
<input type="checkbox"/> Housing concerns <input type="checkbox"/> Unable to afford food <input type="checkbox"/> Unable to afford medication(s)		
Requests for continuity of care are reviewed on a case-by-case basis with the goal to establish and continue care with an in-network provider. A SCAN Care Navigator will contact the member near their effective date to assist with coordinating care.		

Fax completed form to 562-552-9379



# WHAT TO EXPECT NEXT

You've sent in your SCAN Health Plan® enrollment form—so now what happens?

## VERIFICATION LETTER

This letter is required by Medicare to make sure the SCAN plan was fully explained to you and to confirm that you want to enroll in SCAN.

## APPROVAL LETTER

This letter will let you know if your enrollment with SCAN has been approved by Medicare.

## SCAN MEMBER ID CARD + QUICK START GUIDE

Your member ID card and Quick Start Guide will arrive together. The Quick Start Guide is filled with information to help you get your membership started off right. Note: If you haven't received this packet within 3 weeks of joining SCAN, please call Member Services to make sure we have your correct address.

## WELCOME CALL

In your first few months of membership, you may receive a welcome call and/or an invitation to join an informational conference call. Both are designed to help you get the most out of your new health plan.

## SCAN CLUB NEWSLETTER

This newsletter is just one of the ways we stay in touch with plan updates, health reminders and more.



### YOU MIGHT ALSO RECEIVE:

#### A Call To Arrange For Health Services

*Be sure to fill out the "Coordination of Care" form if you have ongoing care needs.*

Expect this call shortly before/after your membership takes effect.

#### An offer to help with costs

*This letter tells you how to get help with your Medicare premiums and other healthcare costs (sent only to those who qualify).*

## Contact SCAN Member Services if you have any questions



Sign up for your SCAN online member account to send and receive secure messages:

**[scanhealthplan.com/register](https://scanhealthplan.com/register)**



Or call to speak with a Member Service Advocate:

**1-800-559-3500 (TTY: 711)**

**Oct. 1 to Mar. 31:** 8 am – 8 pm, 7 days a week | **Apr. 1 to Sep. 30:** 8 am – 8 pm, Mon. – Fri.  
Messages received on holidays or outside of business hours will be returned within one business day.



Visit [scanhealthplan.com/getstarted](https://scanhealthplan.com/getstarted)



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

1-877-857-5053

TTY: 711

SCAN Retiree Group - San Diego City Employees Retirement System (SDCERS) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

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