

San Francisco County

SCAN Plus (HMO)

2021 Benefit Highlights

Medicare Advantage Plan





Plan Details	SCAN Plus With Medicare and Full Medi-Cal Eligibility	SCAN Plus With Medicare Only
Monthly Plan Premium	\$0	\$31.50
Annual Plan Deductible	\$0	Medicare fee-for-service deductible



Comprehensive Care	Medicare and Full Medi-Cal Eligibility	Medicare Only
Primary Care Office Visits	\$0	\$0
Specialist Office Visits	\$0	\$0
Diabetic Self-Management Training	\$0	\$0
Diabetic Supplies (lancets, test strips, monitor)	\$0	\$0
Annual Physical Exam	\$0	\$0
Preventive Services (Medicare-covered screenings)	\$0	\$0
Lab Services and X-rays	\$0	\$0-20%
Diagnostic Tests and Procedures	\$0	20%
Outpatient Rehabilitation (e.g. PT, OT, ST)	\$0	20%
Durable Medical Equipment	\$0	20%
Diagnostic Radiology (e.g. MRI, CT, ultrasound)	\$0	20%



Hospital and Emergency Care	Medicare and Full Medi-Cal Eligibility	Medicare Only
Inpatient Hospital Care	\$0	Medicare fee-for-service costs
Skilled Nursing Facility	\$0	Medicare fee-for-service costs
Outpatient Surgery	\$0	20%
Emergency Care	\$0 20% (up to \$90 – worldwide)	20% (up to \$90 – worldwide)
Urgent Care Services	\$0 20% (up to \$65 – worldwide)	20% (up to \$65 – worldwide)
Ambulance Services	\$0	20%



Maximum Out-of-Pocket	Medicare and Full Medi-Cal Eligibility	Medicare Only
Annual Maximum Out-of-Pocket (MOOP)	\$7,550	\$7,550



Prescription Drug Coverage	SCAN Plus With Medicare and Full Medi-Cal Eligibility		SCAN Plus With Medicare Only	
	PREFERRED	STANDARD	PREFERRED	STANDARD
PHARMACY NETWORK				
Part D Deductible	\$0	\$0	\$445	\$445
Initial Coverage Stage - SCAN Contracted Retail Pharmacy (1-month/30-day supply)				
TIER 1: Preferred Generic	\$0	\$0 or \$1.30 or \$3.70	\$0	\$6
TIER 2: Generic	(including drugs that are treated like a generic): \$0 or \$1.30 or \$3.70 copay		25% of the total drug cost	
TIER 3: Preferred Brand				
TIER 4: Non-Preferred Drug				
TIER 5: Specialty Tier	All other drugs: \$0 or \$4.00 or \$9.20 copay			

If you qualify for “Extra Help” with your prescription drug costs, the “Extra Help” program will pay all or part of your monthly plan premium and your prescription drug deductibles and copay/coinsurance.





Included extras you get with SCAN

SCAN provides these services and programs to help our members lead healthier, more independent lives.

Core Extras	SCAN Plus
Vision Services (routine) Eye exam Glasses or contact lenses Coverage for eyewear	\$0 (1 every 12 months) Included in coverage \$300 (every 24 months)
Dental Services (routine) Dental exams Cleaning Deep cleaning	\$0 (2 visits per year) \$0 (2 visits per year) \$0 (per quadrant)
Transportation (routine)* Non-medical**	\$0 (34 one-way trips per year) 16 of the 34 trips
Routine Acupuncture and Chiropractic Services	\$5 per visit (15 visits/year combined)
Podiatry Services (routine)	\$0 (6 visits per year)
Hearing Services (routine) Hearing aid copay	\$450/\$750 per aid/per year
Featured Extras	SCAN Plus
Telehealth	\$0 (per phone or video visit)
SCAN HEALTH^{tech} Technology support assistance	\$0 per call/unlimited calls
SCAN <i>on the go</i>	Access to many of your benefits wherever you go
SCAN Travel Assurance	Unlimited urgent/emergent worldwide coverage
Solutions for Healthy Living	SCAN Plus
Health Club Membership	\$0 (SilverSneakers®)
Over-the-Counter (OTC)	\$85 allowance per quarter with rollover
BrainHQ	\$0 online games to keep your brain healthy and active

*75-mile limit will apply to each one-way trip. **Trips to: health club, grocery store, or senior center.

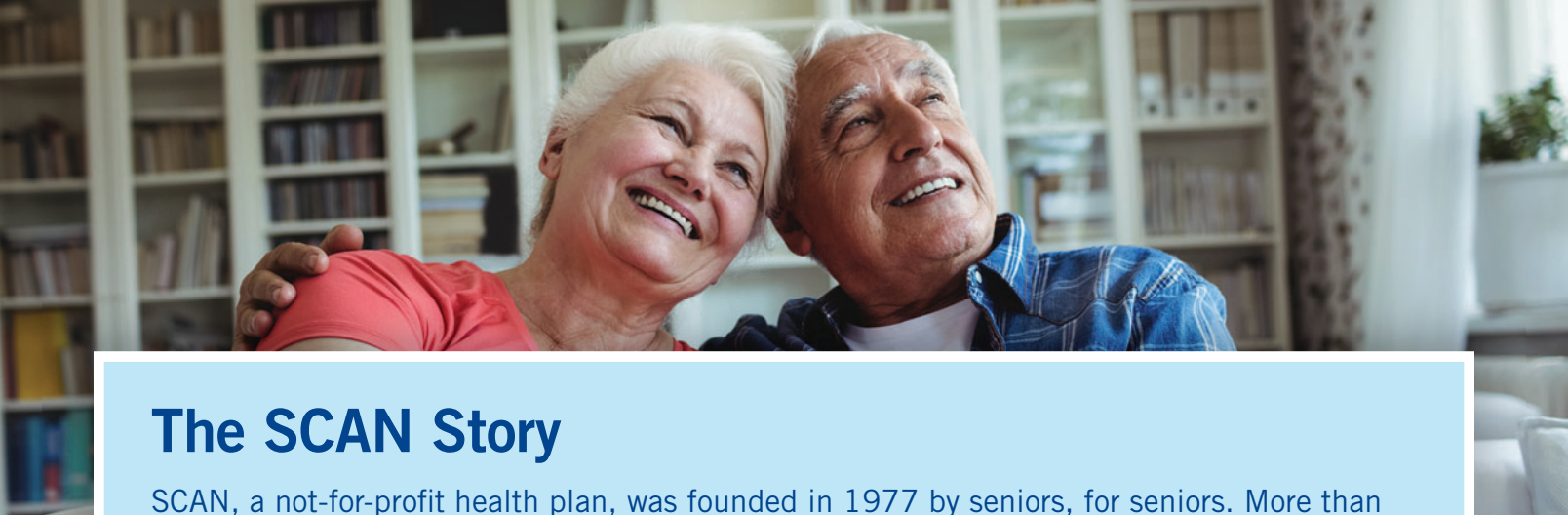
SCAN is committed to offering the comprehensive and affordable care you need to stay at your healthiest.

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



877-870-4867 (TTY: 711)

October 1 to March 31:
8 a.m. to 8 p.m., 7 days a week
April 1 to September 30:
8 a.m. to 8 p.m., Monday through Friday



The SCAN Story

SCAN, a not-for-profit health plan, was founded in 1977 by seniors, for seniors. More than forty years later, seniors are still at the heart of all we do. You can count on SCAN to keep you healthy and independent for years to come. That's been our mission since day one.

Solutions for Independence

In addition to the core benefits and extra services described inside, SCAN knows that sometimes our members need a little more care to stay independent in their own homes for as long as possible, so we've included these special benefits in your plan to help you do just that.



SCAN Respite Care Services*

Providing a short-term break from the demands of caregiving, SCAN offers respite care for full-time, unpaid caregivers caring for SCAN members.

- Up to 40 hours per year (4-hour minimum per visit) in the member's home where the primary care giving takes place.



SCAN Returning to Home*

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

- \$0 personal in-home care visits (bathing/dressing, etc.) up to 40 hours per year – 4-hour minimum per visit
- \$0 home-delivered meals up to 28 days per year
- \$0 telephonic personal support services



SCAN Home Advantage

As you age you want the confidence that your home can safely support your changing needs. SCAN provides you with a:

- \$0 cost in-home safety evaluation
- \$0 cost follow-up visit



Emergency Response System*

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

- \$0 (includes installation and monthly fees)

*Criteria and limitations apply.

SCAN Plus (HMO)

SCAN Plus provides comprehensive benefits and drug coverage beyond Original Medicare. This is for people with Medicare Parts A and B. However, people with both Medicare and Medi-Cal may get lower costs from this plan.

Includes:





Contact an authorized SCAN
representative today

877-870-4867

Or visit:



www.scanhealthplan.com

TTY users: 711

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

Copay/coinsurance may vary by plan and county or depending on the pharmacy you choose (e.g., Preferred or Standard, 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.” You can fill your prescriptions at any of our network pharmacies, but you may pay less at a Preferred pharmacy. Check your Evidence of Coverage or call SCAN Member Services for details.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-559-3500. (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-559-3500. (TTY: 711). 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-800-559-3500。（聽障專線：711）。