

2022

Summary of Benefits

**SCAN Classic (HMO)
and SCAN Prime (HMO)
Orange County**

January 1, 2022 - December 31, 2022

SCAN Classic (HMO) and SCAN Prime (HMO) are HMO plans with Medicare contracts. Enrollment in SCAN Health Plan depends on contract renewal. You must continue to pay your Medicare Part B premium.

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.

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SUMMARY OF BENEFITS JANUARY 1, 2022 – DECEMBER 31, 2022

PREMIUM AND BENEFITS	SCAN CLASSIC	SCAN PRIME	WHAT YOU SHOULD KNOW
Monthly Health Plan Premium	You pay \$0 per month	You pay \$26 per month	You must continue to pay your Medicare Part B premium.
Deductible	You pay \$0	You pay \$0	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (this does not include prescription drugs)	\$499 annually	\$399 annually	The most you pay for copays and coinsurance for Medicare-covered medical services for the year.
Inpatient Hospital Coverage	You pay \$0	You pay \$0	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization rules apply.
Outpatient Hospital Services <ul style="list-style-type: none"> • Ambulatory Surgical Center • Outpatient Hospital 	You pay \$0 You pay \$0	You pay \$0 You pay \$0	Prior authorization rules apply for outpatient hospital services.
Doctor Visits <ul style="list-style-type: none"> • Primary Care • Specialists 	You pay \$0 You pay \$0	You pay \$0 You pay \$0	Prior authorization rules apply for specialist visits.
Preventive Care	You pay \$0	You pay \$0	Any additional preventive services approved by Medicare during the contract year will be covered. Prior authorization rules apply.
Emergency Care	You pay \$90 copay per visit	You pay \$90 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.

PREMIUM AND BENEFITS	SCAN CLASSIC	SCAN PRIME	WHAT YOU SHOULD KNOW
Urgently Needed Services	You pay \$0	You pay \$0	You are covered for worldwide urgent care services.
Diagnostic Services/Labs/Imaging <ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Outpatient X-rays • Therapeutic radiology • Diagnostic radiology (e.g., MRI, CT) 	You pay \$0 You pay \$0 You pay \$0 You pay \$50 copay per visit You pay \$0	You pay \$0 You pay \$0 You pay \$0 You pay \$50 copay per visit You pay \$0	Prior authorization rules apply for diagnostic, lab, and imaging services.
Hearing Services <ul style="list-style-type: none"> • Medicare-covered diagnostic hearing and balance exam • Non-Medicare-covered (routine) hearing exam • Non-Medicare-covered (routine) hearing aids 	You pay \$0 You pay \$0 for up to 1 visit every 12 months You pay \$450 copay per aid for a TruHearing Advanced hearing aid or \$750 copay per aid for a TruHearing Premium hearing aid You are covered for up to 2 hearing aids every 12 months	You pay \$0 You pay \$0 for up to 1 visit every 12 months Your benefit includes 3 options: 1) A \$200 copay per aid for TruHearing Advanced Hearing aids, or 2) a \$400 copay per aid for TruHearing Premium hearing aids, or 3) a \$3,000 allowance toward the purchase of any hearing aid from the TruHearing Choice product line. You are covered for up to 2 hearing aids every 12 months	Prior authorization rules apply for Medicare-covered diagnostic hearing and balance exams. You must go to a SCAN-contracted provider to obtain a routine hearing exam and hearing aids.

PREMIUM AND BENEFITS	SCAN CLASSIC	SCAN PRIME	WHAT YOU SHOULD KNOW
Dental Services <ul style="list-style-type: none"> • Medicare-covered dental services • Non-Medicare-covered (routine) oral exam • Non-Medicare-covered (routine) dental cleaning • Non-Medicare-covered (routine) dental X-rays 	<p>You pay \$0</p> <p>You pay \$0 for up to 2 visits every 12 months</p> <p>You pay \$0 for up to 2 visits every 12 months</p> <p>You pay \$0 for up to 2 series every 12 months</p>	<p>You pay \$0</p> <p>You pay \$10 for up to 2 visits every 12 months</p> <p>You pay \$5 for up to 2 visits every 12 months</p> <p>You pay \$15 for up to 1 series every 6 months</p>	<p>Prior authorization rules apply for Medicare-covered dental services.</p>
Vision Services <ul style="list-style-type: none"> • Medicare-covered vision exam to diagnose/treat diseases of the eye • Medicare-covered glasses after cataract surgery • Non-Medicare-covered (routine) vision exam • Non-Medicare-covered (routine) glasses or contact lenses • Non-Medicare-covered (routine) vision coverage limit 	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0 for up to 1 visit every 12 months</p> <p>Included in the vision coverage limit</p> <p>You are covered for up to \$250 for frames, lenses, and lens options or contact lenses every 24 months</p>	<p>You pay \$0</p> <p>You pay \$0</p> <p>You pay \$0 for up to 1 visit every 12 months</p> <p>Included in the vision coverage limit</p> <p>You are covered for up to \$250 for frames, lenses, and lens options or contact lenses every 24 months</p>	<p>Prior authorization rules apply for Medicare-covered vision exam and glasses after cataract surgery.</p> <p>Routine vision services do not require prior authorization.</p> <p>You must go to a SCAN-contracted vision provider to obtain routine vision services.</p>

PREMIUM AND BENEFITS	SCAN CLASSIC	SCAN PRIME	WHAT YOU SHOULD KNOW
Mental Health Services <ul style="list-style-type: none"> Inpatient visit Outpatient individual/group therapy visit Outpatient individual/group therapy visit with a psychiatrist 	You pay \$0 for days 1-90 You pay \$0 You pay \$0	You pay \$0 for days 1-90 You pay \$0 You pay \$0	Prior authorization rules apply for inpatient mental health hospitalization. You are covered for up to 90 days per benefit period.* Prior authorization rules apply for outpatient mental health services.
Skilled Nursing Facility	You pay \$0 for days 1-100	You pay \$0 for days 1-20 You pay \$50 copay per day for days 21-100	Prior authorization rules apply for skilled nursing facility services. You are covered for up to 100 days per benefit period.* No prior hospitalization is required.
Physical Therapy	You pay \$0	You pay \$0	Prior authorization rules apply for outpatient physical therapy services.
Ambulance	You pay \$100 copay per one-way trip	You pay \$100 copay per one-way trip	
Transportation (Non-Medicare-covered — routine)	You pay \$0 for up to 32 one-way trips per year 75-mile limit applies to each one-way trip	You pay \$0 for up to 44 one-way trips per year 75-mile limit applies to each one-way trip	Prior authorization rules apply for routine transportation services. You must use a SCAN-contracted provider to obtain routine transportation services.
Medicare Part B Drugs	You pay 20% of the total cost for chemotherapy and other Part B drugs	You pay 20% of the total cost for chemotherapy and other Part B drugs	Prior authorization 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):

You pay the following:

SCAN CLASSIC

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 \$0	You pay \$0	You pay \$7	You pay \$14	You pay \$0	You pay \$14
Tier 2 (Generic)		You pay \$0	You pay \$0	You pay \$15	You pay \$30	You pay \$0	You pay \$30
Tier 3 (Preferred Brand)	Select Insulins	You pay \$25	You pay \$55	You pay \$35	You pay \$85	You pay \$55	You pay \$85
	Other Drugs	You pay \$30	You pay \$70	You pay \$47	You pay \$121	You pay \$70	You pay \$121
Tier 4 (Non-Preferred Drug)		You pay \$95	You pay \$265	You pay \$100	You pay \$280	You pay \$265	You pay \$280
Tier 5 (Specialty Tier)		You pay 33%	Not available	You pay 33%	Not available	Not available	Not available

Coverage Gap Stage

Begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,430.

You pay the same copays as in the Initial Coverage stage for medications in Tier 1, Tier 2 and Tier 3 (select insulins only). For drugs in other tiers, you pay 25% of the negotiated price (and a portion of the dispensing fee) for your brand name drugs and 25% of the cost for your generic drugs.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach \$7,050, you pay the greater of:

- 5% of the cost, or
- \$3.95 copay for generic (including drugs that are treated like a generic) and \$9.85 copay for all other drugs.

These copays for select insulins apply to members who do not qualify for a program that helps pay for your drugs (“Extra Help”). Select insulins are all insulin pens and vials in Tier 3 covered on our most recent Drug List we provided electronically. If you have questions about the Drug List, you can call Member Services.

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.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM is our Preferred mail-order pharmacy. While you can fill your prescription medications at any of our network mail-order pharmacies, you may pay less at the Preferred mail-order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan’s Member Services. For your mail-order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time. Other pharmacies are available in our network.

OUTPATIENT PRESCRIPTION DRUGS (PART D DRUGS):

You pay the following:

SCAN PRIME

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 \$0	You pay \$0	You pay \$5	You pay \$10	You pay \$0	You pay \$10
Tier 2 (Generic)		You pay \$0	You pay \$0	You pay \$12	You pay \$24	You pay \$0	You pay \$24
Tier 3 (Preferred Brand)	Select Insulins	You pay \$25	You pay \$55	You pay \$35	You pay \$85	You pay \$55	You pay \$85
	Other Drugs	You pay \$30	You pay \$70	You pay \$47	You pay \$121	You pay \$70	You pay \$121
Tier 4 (Non-Preferred Drug)		You pay \$95	You pay \$265	You pay \$100	You pay \$280	You pay \$265	You pay \$280
Tier 5 (Specialty Tier)		You pay 33%	Not available	You pay 33%	Not available	Not available	Not available

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You pay the same copays as in the Initial Coverage stage for medications in Tier 1, Tier 2 and Tier 3 (select insulins only). For drugs in other tiers, you pay 25% of the negotiated price (and a portion of the dispensing fee) for your brand name drugs and 25% of the cost for your generic drugs.

Catastrophic Coverage Stage

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- 5% of the cost, or
- \$3.95 copay for generic (including drugs that are treated like a generic) and \$9.85 copay for all other drugs.

These copays for select insulins apply to members who do not qualify for a program that helps pay for your drugs (“Extra Help”). Select insulins are all insulin pens and vials in Tier 3 covered on our most recent Drug List we provided electronically. If you have questions about the Drug List, you can call Member Services.

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.

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts PharmacySM is our Preferred mail-order pharmacy. While you can fill your prescription medications at any of our network mail-order pharmacies, you may pay less at the Preferred mail-order pharmacy. Typically, you should expect to receive your prescription drugs within 14 days from the time that Express Scripts mail-order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact SCAN Health Plan’s Member Services. For your mail-order prescriptions, you have the option to sign up for an automatic refill program by contacting Express Scripts Pharmacy at 1-866-553-4125, 24 hours a day, 7 days a week. TTY users call 711. You may opt out of automatic deliveries at any time. Other pharmacies are available in our network.

ADDITIONAL BENEFITS

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

BENEFITS	SCAN CLASSIC	SCAN PRIME	WHAT YOU SHOULD KNOW
Acupuncture Services (routine)	You pay \$15 copay per visit for up to 30 visits per year combined with routine chiropractic services	You pay \$0 for up to 20 visits per year combined with routine chiropractic services	You do not need a referral for an initial acupuncture visit. Any subsequent visits require prior authorization .
Chiropractic Services <ul style="list-style-type: none"> Medicare-covered chiropractic care Routine chiropractic care 	<p>You pay \$0</p> <p>You pay \$15 copay per visit for up to 30 visits per year combined with acupuncture services</p>	<p>You pay \$0</p> <p>You pay \$0 for up to 20 visits per year combined with acupuncture services</p>	<p>Prior authorization rules apply</p> <p>You do not need a referral for an initial routine chiropractor visit. Any subsequent visits require prior authorization.</p>
Home Health Care (Medicare-covered)	You pay \$0	You pay \$0	Prior authorization rules apply
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable Medical Equipment (e.g., wheelchairs, oxygen) Prosthetics (e.g., braces, artificial limbs) Diabetic supplies 	<p>You pay 0%-20% of the total cost</p> <p>You pay 0%-20% of the total cost</p> <p>You pay \$0</p>	<p>You pay 0%-20% of the total cost</p> <p>You pay 0%-20% of the total cost</p> <p>You pay \$0</p>	<p>Prior authorization 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>

BENEFITS	SCAN CLASSIC	SCAN PRIME	WHAT YOU SHOULD KNOW
Telehealth Services (MDLive)	You pay \$0	You pay \$0	<p>A visit with a board-certified 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>Visits with doctors can be conducted either by telephone or secure video capabilities from your computer or smart phone.</p>
Over-the-Counter (OTC) Products	You are covered for up to \$50 per quarter	You are covered for up to \$75 per quarter	You are covered up to 2 shipments per quarter and any remaining balance is carried over to the next quarter. The benefit does not carry over to the next calendar year.

SCAN Classic and **SCAN Prime** have 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 CLASSIC AND SCAN PRIME

Who can join?	You must: <ul style="list-style-type: none">– have both Medicare Part A and Part B– live in the plan service area (Orange County, California)– be a United States citizen or be lawfully present in the United States
Phone Number (Members) Phone Number (Non-Members) TTY	1-800-559-3500 1-877-870-4867 Calling this number will direct you to a licensed insurance agent. 711
Hours of Operation	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 Messages received on holidays and outside of our business hours will be returned within one business day.
Website	http://www.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, which is called Express Scripts PharmacySM. Typically, you should expect to receive your prescription drugs within 14 days from the time that the 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 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). TTY: 711.

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 1-877-870-4867 (TTY users call 711) Hours are 8 a.m. to 8 p.m., seven 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.

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 or call 1-877-870-4867 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

- ☐ 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, 2023.
- ☐ 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).

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