

SCAN Retiree Group

Los Angeles County Employees Retirement Association

(LACERA) (HMO)

July 1, 2020 - June 30, 2021

2020/2021 Enrollment Kit

Medicare Advantage Plan



A message from SCAN Health Plan®

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CEO CHRIS WING

As a LACERA retiree, we know you have choices for your health plan. SCAN is one of just a few health plans in the nation that offer retirees a full range of medical benefits and in-home assisted living services to help them remain healthy, independent and in control of their lives. Founded on the belief that all retirees deserve complete access to services that promote their independence, SCAN provides retirees with comprehensive health care plus a unique product called Independent Living Power/Long Term Support Services that enables retirees that qualify to continue living at home.

In addition to offering great benefits, we put our heart into everything we do. We take the time to ensure our members get the support they need. At SCAN, every phone call is answered during business hours by a real person, ready to help you.

This booklet explains all the benefits and services you will enjoy as a SCAN Retiree Group - LACERA member in 2020/2021. It also tells you a little bit about SCAN beyond the benefits – about our ongoing commitment to helping our members stay healthy and independent. That's been our focus for over 40 years now.

Sincerely,
Chris Wing
Chief Executive Officer

A handwritten signature in black ink, appearing to be 'C Wing', written in a cursive style.



2020/2021 Benefit Highlights

SCAN Retiree Group

Los Angeles County Employees Retirement Association (LACERA) (HMO)
July 1, 2020 - June 30, 2021



Comprehensive Care

Maximum Out-of-Pocket (MOOP)	\$3,400
PCP Office Visits	\$5
Specialist Office Visits	\$5
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	\$5

Hospital and Emergency Care

Inpatient Hospital Care	\$0 (unlimited days)
Skilled Nursing Facility	\$0 (up to 100 days per benefit period)
Outpatient Surgery	\$0
Outpatient Rehabilitation Services	\$5
Worldwide Emergency Care	\$25
Worldwide Urgent Care Services	\$25
Ambulance Services	\$0

Prescription Drug Coverage

Initial Coverage Stage – SCAN Contracted Retail Pharmacy (1-month/30-Day Supply)

	PREFERRED	STANDARD
Tier 1: Preferred Generic	\$2	\$7
Tier 2: Generic	\$2	\$7
Tier 3: Preferred Brand	\$15	\$15
Tier 4: Non-Preferred Drug	\$15	\$15
Tier 5: Specialty Tier	\$15	\$15

Get a 3-month supply (90 days) at either a
Retail Pharmacy or SCAN Mail-Order Pharmacy.
(Not available for all drugs)

Additional Benefits and Services

Routine Hearing Test	\$5 (1 per year)
Hearing Aids	\$600 hearing aids allowance every 2 years
Routine Transportation	\$0 (unlimited trips per year)
Health Club Membership	\$0
Telehealth Services	\$0 per virtual or telephonic medical visit

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

SCAN Health Plan 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 \$650 per month of these additional services. Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

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 Health Plan. Contact SCAN Member Services for details.

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

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

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. Services available only in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

SCAN Health Plan is a Medicare Advantage Organization with a Medicare contract. Individuals must have both Medicare Part A, and Medicare Part B to enroll. You must continue to pay your Medicare Part B premium. Members may enroll in the plan only during specific times of the year.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits.

For beneficiaries who qualify for "Extra Help": premiums, copays, coinsurance, and deductibles may vary based on the level of Extra Help that you receive.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or Your State Medicaid Office.

Quantity limitations, copayments, exclusions and restrictions may apply. Contact SCAN Health Plan for more information.

This information is available for free in Spanish. Please contact our Customer Service number at 1-800-559-3500 for additional information. Esta información está disponible gratuitamente en español. Comuníquese con nuestro número de Servicio al Cliente al 1-800-559-3500 para obtener más información.

Summary of Benefits



2020/2021 Summary of Benefits

SCAN Retiree Group

Los Angeles County Employees
Retirement Association

(LACERA) (HMO)

July 1, 2020 - June 30, 2021



SCAN Retiree Group - LACERA (HMO) is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It 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 Service Department at the phone number listed in this document or online at www.scanhealthplan.com.

SUMMARY OF BENEFITS JULY 1, 2020 - JUNE 30, 2021

PREMIUM AND BENEFITS	LACERA	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 Medicare-covered medical services for the year.
Inpatient Hospital Coverage	You pay \$0	Our plan covers an unlimited number of days for an inpatient hospital stay. Prior authorization rules apply.
Outpatient Hospital Coverage		Prior authorization is required for outpatient hospital visits.
<ul style="list-style-type: none"> • Ambulatory Surgical Center • Outpatient Hospital 	<p>You pay \$0 per visit</p> <p>You pay \$0 per visit</p>	
Doctor Visits		Prior authorization is required for specialist visits.
<ul style="list-style-type: none"> • Primary Care • Specialists 	<p>You pay \$5 per visit</p> <p>You pay \$5 per visit</p>	
Preventive Care	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 \$25 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 \$25 copay per visit	You are covered for worldwide urgent care services.

PREMIUM AND BENEFITS	LACERA	WHAT YOU SHOULD KNOW
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> • Lab services • Diagnostic tests and procedures • Outpatient x-rays • Therapeutic radiology • Diagnostic radiology (e.g., MRI, CT) 	<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>Prior authorization is required for diagnostic, lab, and imaging services.</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> • Medicare-covered diagnostic hearing and balance exam • Non-Medicare-covered (routine) hearing exam • Non-Medicare-covered (routine) hearing aid fitting/evaluation • Non-Medicare-covered (routine) hearing aids 	<p>You pay \$5 copay per visit</p> <p>You pay \$5 copay for up to 1 visit per year</p> <p>You pay \$5 copay for up to 3 visits within the first year of purchase</p> <p>You are covered up to \$600 for up to 2 hearing aids every 2 years</p>	<p>Prior authorization is required 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>
<p>Dental Services</p> <ul style="list-style-type: none"> • Medicare-covered dental services • Non-Medicare-covered (routine) oral exam and cleaning • Non-Medicare-covered (routine) dental cleanings • Non-Medicare-covered (routine) dental x-rays 	<p>You pay \$5 copay per visit</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>	<p>Prior authorization is required for Medicare-covered dental services.</p>

PREMIUM AND BENEFITS	LACERA	WHAT YOU SHOULD KNOW
<p>Vision Services</p> <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 \$5 copay per visit</p> <p>You pay \$5 copay per pair</p> <p>Not covered</p> <p>Not covered</p> <p>Not covered</p>	<p>Prior authorization is required for Medicare-covered vision exams and glasses after cataract surgery.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> • Inpatient visit • Outpatient individual/group therapy visit • Outpatient individual/group therapy visit with a psychiatrist 	<p>You pay \$0</p> <p>You pay \$5 copay per visit</p> <p>You pay \$5 copay per visit</p>	<p>Prior authorization is required for inpatient mental health hospitalization. You are covered for up to 90 days per benefit period.*</p> <p>Prior authorization is required for outpatient mental health services.</p>
<p>Skilled Nursing Facility</p>	<p>You pay \$0 for days 1-100</p>	<p>Prior authorization is required for skilled nursing facility services. You are covered for up to 100 days per benefit period.*</p> <p>No prior hospitalization is required.</p>
<p>Physical Therapy</p>	<p>You pay \$5 copay per visit</p>	<p>Prior authorization is required for physical therapy services.</p>

*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.

PREMIUM AND BENEFITS	LACERA	WHAT YOU SHOULD KNOW
Ambulance	You pay \$0 per one-way trip	
Transportation (Non-Medicare-covered - routine)	<p>You pay \$0 for unlimited trips per year</p> <p>75-mile limit applies to each one-way trip</p>	<p>Prior authorization is required for routine transportation services.</p> <p>You must use a SCAN-contracted provider to obtain routine transportation services.</p>
Medicare Part B Drugs	You pay \$0 for chemotherapy and other Part B drugs	Prior authorization or step therapy rules apply to select drugs.

Outpatient Prescription Drugs

You pay the following:

LACERA					
	Preferred Retail Pharmacy 30-day supply cost-sharing	Standard Retail Pharmacy 30-day supply cost-sharing	Preferred Retail Pharmacy 90-day supply cost-sharing	Standard Retail Pharmacy 90-day supply cost-sharing	Mail-Order Pharmacy 90-day supply cost-sharing
Initial Coverage Stage					
Tier 1 (Preferred Generic)	You pay \$2	You pay \$7	You pay \$4	You pay \$7	You pay \$4
Tier 2 (Generic)	You pay \$2	You pay \$7	You pay \$4	You pay \$7	You pay \$4
Tier 3 (Preferred Brand)	You pay \$15	You pay \$15	You pay \$15	You pay \$15	You pay \$15
Tier 4 (Non-Preferred Drug)	You pay \$15	You pay \$15	You pay \$15	You pay \$15	You pay \$15
Tier 5 (Specialty Tier)	You pay \$15	You pay \$15	Not available	Not available	Not available
Catastrophic Coverage Stage		You stay in the Initial Coverage Stage until your yearly out-of-pocket costs reach \$6,350. After your yearly out-of-pocket drug costs reach \$6,350, you pay whichever is the larger amount: <ul style="list-style-type: none"> – 5% of the cost, or – \$3.60 copay for generic (including drugs that are treated like a generic) and \$8.95 copay for all other drugs. 			

Some of our network pharmacies have preferred cost-sharing. You may pay less for certain drugs if you use these pharmacies. Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information, please call our Member Services Department at the number provided in this document or access your Evidence of Coverage online.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Your Cost-Sharing may differ depending on the pharmacy you choose (e.g., Preferred Retail, Standard Retail, Mail-Order, Long Term Care (LTC) or Home infusion, etc.) and whether you receive a 30 or 90-day supply. For more information on the pharmacy-specific copays, please call SCAN Member Services Department at the phone number in this document or access your Evidence of Coverage online.

Additional Benefits

PREMIUM AND BENEFITS	LACERA	WHAT YOU SHOULD KNOW
<p>Medical Equipment/Supplies</p> <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</p> <p>You pay \$0</p> <p>You pay \$0</p>	<p>Prior authorization is required 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>Telehealth Services</p>	<p>You pay \$0</p>	<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>
<p>Wellness Programs</p> <ul style="list-style-type: none"> • Health club membership 	<p>You pay \$0</p>	<p>You are covered for SCAN-contracted health clubs in your area.</p>

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

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Qualifying members are eligible for up to \$650 per month of these additional services. Services are only available in Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties, California.

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 Health Plan. Contact SCAN Member Services for details.

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

*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. 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)*

<p>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.</p>	<p>You pay \$0</p>
<p>In-Home Caregiver Relief SCAN provides alternative caregiver services in your home when a regular caregiver can't be there.</p>	<p>You pay \$15 per visit</p>
<p>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.</p>	<p>You pay \$15 per visit</p>
<p>Incontinence Supplies Members who qualify may be eligible to receive selected incontinence supplies, such as diapers, briefs, and pads to maintain skin integrity.</p>	<p>You pay \$0</p>
<p>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.</p>	<p>You pay \$0</p>

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

About SCAN

Who can join?	You must: <ul style="list-style-type: none">- have both Medicare Part A and Part B- live in the plan service areas (Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura, Santa Clara, San Francisco, Napa, Sonoma, and Stanislaus counties, California)- be a United States citizen or be lawfully present in the United States- not be medically determined to have end-stage renal disease (ESRD)
Phone Number (Members)	1-800-559-3500
Phone Number (Non-Members)	1-888-685-7226 Calling this number will direct you to a licensed insurance agent
TTY	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	https://www.scanhealthplan.com

SCAN Retiree Group - LACERA 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.

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. Other providers are available in our network. You must continue to pay your Medicare Part B premium. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

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 Member Services at 1-800-559-3500 (TTY: 711), 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).

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 1-877-230-7226 (TTY: 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 that you routinely see a doctor. Visit www.scanhealthplan.com or call 1-877-230-7226 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, 2020.
- 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 Member Services
Attention: Grievance and Appeals Department
P.O. Box 22616, Long Beach, CA 90801-5616
1-800-559-3500 (TTY: 711)
FAX: 1-562-989-5181

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>.

SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-559-3500. (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-559-3500. (TTY: 711).

Chinese Traditional: 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。(TTY: 711)。

Chinese Simplified: 注意：如果您使用中文，您可以免费获得语言援助服务，请致电 1-800-559-3500。(TTY: 711)。

Vietnamese: CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số 1-800-559-3500. (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-559-3500. (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-559-3500 번으로 연락해 주십시오. (TTY: 711).

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա Ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարե՛ք 1-800-559-3500 հեռախոսահամարով: Հեռատիպի համարն է՝ 711:

Persian: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره 1-800-559-3500 تماس بگیرید. (TTY: 711).

Russian: ВНИМАНИЕ! Если вы говорите по-русски, вы можете бесплатно получить услуги перевода;а. Звоните по телефону 1-800-559-3500 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。お問合せ先 1-800-559-3500. (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-559-3500. (الهاتف النصي: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤਾਮਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-559-3500 ਉੱਤੇ ਕਾਲ ਕਰੋ। (TTY: 711)।

Mon-Khmer, Cambodian: សូមយកចិត្តទុកដាក់៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ អាចមានសំរាប់បំរើអ្នក។ សូមទូរស័ព្ទទៅលេខ 1-800-559-3500 ។ (TTY: 711) ។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob (Ntawv Suav - Hmoob), muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-559-3500. (TTY: 711).

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। काल करें 1-800-559-3500, (TTY: 711)।

Thai: โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-559-3500 (TTY: 711)

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-559-3500 (TTY: 711).

Additional Plan Information



Benefits Beyond

Original Medicare



SCAN offers you benefits beyond what Original Medicare alone provides. For some of these benefits, we partner with companies that specialize in that type of care. We are pleased to be able to provide you added coverage through these programs.

Good health goes beyond the doctor's office, so check out your "more than Medicare" benefits on the following pages.

These program offerings may vary based on plan and county. Please turn to the Summary of Benefits for a detailed description of your plan.

For more information on these benefits

Call SCAN at **1-877-559-3500 (TTY: 711)**

April 1 to September 30: 8 a.m. to 8 p.m., Monday through Friday

October 1 to March 31: 8 a.m. to 8 p.m., seven days a week

Messages received on holidays and outside of our business hours will be returned within one business day.

You can also visit **www.scanhealthplan.com/other-providers**

Or contact the companies directly – either call or visit their websites.

Health Club Membership



- No cost gym membership with access to all basic amenities
- Specialized fitness classes for older adults
- In-home fitness kits available

SilverSneakers® Fitness Program

To find a SilverSneakers location or get your SilverSneakers ID Number, call or visit:

1-888-423-4632

5 a.m.–5 p.m. (PT),
Monday–Friday

www.silversneakers.com

Routine Hearing

TruHearing® Select



- \$5 Routine Hearing Exam
- High-quality hearing aids
- Hearing aids are offered in a variety of colors and styles
- Access to a network of local professional care providers

TruHearing

1-844-255-7148 (TTY 711)

5 a.m.–6 p.m. (PT),
Monday–Friday

www.truhearing.com

Routine Transportation



National MedTrans Network & IPA
"Transporting members to better health"



- Curb-to-curb transportation to medical appointments, pharmacies, and dentists
- Taxi, wheelchair vans and other modes to meet people's physical needs
- 75-mile limit applies to each one-way trip

National MedTrans Network

To schedule a ride:

1-844-714-2218

7 a.m. to 6 p.m. (PT), Monday–Friday

Where's my Ride:

1-844-864-3359

Available 24 hours a day, 7 days a week

SCAN Travel Assurance



With SCAN you can travel with confidence, knowing your SCAN coverage travels with you anywhere you go. Members will have access to resources that facilitate the reimbursement of approved claims.

The SCAN Travel Assurance kit is designed to go with you as you travel, and includes:

- Step-by-step instructions on what to do if you need to see a doctor while traveling
- Room to store helpful health information, such as your medication list or vaccination record, and hold your passport
- A copy of your SCAN Member ID card
- A claim form so you can be repaid for any covered out-of-pocket costs when you return home

Have safe and confident travels with SCAN Travel Assurance!

To access this benefit,
call SCAN Health Plan
1-800-559-3500



MDLIVE - Virtual doctor



When it's not an emergency, you don't have an appointment to see your primary care physician (PCP) or when you just want a convenient alternative to an urgent care center, your telehealth benefit offers care 24 hours a day, 7 days a week, 365 days a year.

The doctor can diagnose your non-emergency symptoms and send medically necessary prescriptions to your SCAN network pharmacy.

Speak with a Board Certified medical doctor in the comfort of your own home for non-life threatening conditions. The visit can be conducted either by telephone or secure video capabilities from your computer or smart phone.

Request a virtual consult today.

Call **1-888-993-4087 (TTY: 1-800-770-5531)**, 24 hours a day, 7 days week.

Or from your computer or smartphone go to
www.mdlive.com/scanhealthplan.com



Save money on your medications

We know how important it is to keep the cost of medications low. With SCAN Health Plan, you'll find a number of ways you can save money on your prescription medications.



Preferred Pharmacies = Lower Copayments!

There are many reasons why people choose a pharmacy, but if cost is at the top of your list, consider getting your medications at SCAN Preferred Pharmacies. These are pharmacies in the SCAN network that offer even lower copayments for many drugs.

To find the pharmacies that offer preferred copayments, ask a SCAN representative or visit the Pharmacy Directory located on our website: www.scanhealthplan.com. You'll also pay the lower, preferred copays for many drugs through SCAN Mail-Order*.



Just Say 90-day for Savings

Save money and time by getting 90-day supplies of the medications you take on an ongoing basis. The 90-day discounts apply at your local pharmacy and at SCAN Mail-Order*. Savings will depend on the tier your medication is on.



Talk to Your Doctor

If you're looking for more ways to save money on your medications, ask your doctor about:

- **Switching to a lower cost generic.** Generics have the same active ingredient as the brand name drug, and work the same way as the more expensive brand name drug.
- **Changing to a therapeutic alternative.** These may not have the same ingredient, but do have the same effect.

Specialty Tier Drugs (tier 5) are not available for a 90-day supply. For more information about medications that are available for a 90-day supply, please refer to your SCAN Health Plan Formulary or visit our website at www.scanhealthplan.com.

Coordination of Services



PLEASE PRINT LEGIBLY

Member last name				Effective date	
First name				D.O.B.	
Phone				Emergency phone	
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to answer				
Is enrollee a Connections enrollee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Employer Group enrollee, does the enrollee have an immediate need for services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current MG/IPA (prior to enrolling with SCAN):	Is enrollee staying with this MG/IPA? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Current PCP (prior to enrolling with SCAN):	Is enrollee staying with the same PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Current PCP phone number:				
Enrollee's preferred spoken language:					
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean	<input type="checkbox"/> Japanese <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian	<input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> Thai <input type="checkbox"/> Russian <input type="checkbox"/> Cambodian	<input type="checkbox"/> American Sign Language/Braille <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to state		
Race/ethnicity:					
<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Mixed Race	<input type="checkbox"/> Other _____ <input type="checkbox"/> Decline to state		
The enrollee is currently receiving the following services/equipment which will be needed after the effective enrollment date (check all that apply): <input type="checkbox"/> In a hospital or a skilled nursing facility Provider: _____ <input type="checkbox"/> Home health (e.g., nursing care and/or in-home physical therapy) Provider: _____ <input type="checkbox"/> Rented medical equipment or supplies (oxygen, wheelchair, nebulizer/breathing treatment device, ostomy supplies, hospital bed, etc.) Provider: _____			The enrollee is currently scheduled to receive the following treatment after the effective enrollment date (check all that apply): <input type="checkbox"/> Scheduled surgeries or procedures within 30 days of effective date Date: / / <input type="checkbox"/> Specialist appointment within 30 days of effective date Specialty: _____ Date: / / <input type="checkbox"/> Dialysis treatment Provider: _____ Date: / / <input type="checkbox"/> Chemotherapy/radiation Provider: _____ Date: / /		
Please indicate if the enrollee has difficulty in the following areas: <input type="checkbox"/> Unable to obtain food <input type="checkbox"/> Unable to meet housing needs/homeless <input type="checkbox"/> Unable to afford medications					

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. SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

<input type="checkbox"/> Electronic enrollment completed <input type="checkbox"/> Completed paper enrollment – sent separately	<input type="checkbox"/> Fax completed form to Enrollment Dept. Fax number: 562-989-5243
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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. Put your ID card in your wallet or purse so you have it when you go to the doctor, hospital or pharmacy.



SCAN Welcome Kit. This packet is filled with helpful information, including the complete Evidence of Coverage brochure. You will receive this in the mail, even if you signed up to receive future plan materials online.



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



Total Health Questionnaire. You may be contacted to complete a total health questionnaire. This questionnaire is important because your answers will help to make sure that you're getting the care you need. The questionnaire is optional—your benefits won't be affected in any way whether you participate or not—but when you get the call, we hope you'll say "Yes."



You might also receive:

- **A call to arrange for health services** (if you filled out the "Coordination of Services" form). Expect this call shortly before/after your membership takes effect.

Once you receive your ID card, you can contact SCAN Member Services with any questions about your new plan.

✉ MemberServices@scanhealthplan.com

☎ 1-800-559-3500 (TTY: 711)

Oct. 1 - Mar. 31: 8 a.m. to 8 p.m., 7 days a week

Apr. 1 - Sept. 30: 8 a.m. to 8 p.m., Mon. - Fri.

Messages received on holidays or outside of business hours will be returned within one business day.

Visit scanhealthplan.com/getstarted
to get a head start on your new health plan!





Contact an authorized
SCAN representative today:

1-877-685-7226



Or visit:

www.scanhealthplan.com

TTY users: 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



SCAN Health Plan is an HMO plan with a Medicare contract. Enrollment in SCAN Health Plan depends on contract renewal.

This information is not a complete description of benefits. Call 1-877-685-7226 (TTY: 711) for more information. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments, and restrictions may apply. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Other providers are available in our network. You must continue to pay your Medicare Part B premium.