BETTER MEDICARE STARTS HERE.

scan™ Medicare Advantage

SCAN HEALTH PLAN 2026 BENEFIT HIGHLIGHTS

SCAN Classic (HMO)

San Diego

Plan Details	SCAN Classic
Monthly Plan Premium	$0
Annual Plan Deductible	$0
Maximum Out-of-Pocket	**SCAN Classic**
Annual Maximum Out-of-Pocket (MOOP)	$3,400
Comprehensive Care	**SCAN Classic**
Primary Care Office Visits	$10
Specialist Office Visits	$35
Diabetic Self-Management Training	$0
Diabetic Supplies (lancets, test strips, monitor)	$0
Continuous Glucose Monitors (available through DME or at your Pharmacy)	20% of the total cost at the pharmacy or DME provider
Durable Medical Equipment	20%
Annual Physical Exam	$0
Preventive Services (Medicare-covered screenings)	$0
Lab Services and X-rays	$0
Diagnostic Tests and Procedures	$0
Outpatient Rehabilitation (e.g. PT, OT, ST)	$10
Diagnostic Radiology (e.g. MRI, CT, ultrasound)	$50 per procedure
Outpatient Mental Health (Individual/Group)	$20-$35
Hospital and Emergency Care	**SCAN Classic**
Inpatient Hospital Care	$275 per day (1-7) $0 per day (8-90+)
Skilled Nursing Facility	$0 per day (1-20) $140 per day (21-100)
Outpatient Surgery	$35-$300
Emergency Care	$90 (worldwide) $0 (if admitted immediately)
Urgent Care Services	$30 (worldwide)
Ambulance Services	$240

Prescription Drug Coverage		SCAN Classic	
Part D Deductible		$250 (Tiers 3-5)	
Initial Coverage Stage - SCAN Contracted Retail Pharmacies (1-month/30-day supply)			
Pharmacy Network		**PREFERRED**	**STANDARD**
Tier 1: Preferred Generic		$0	$9
Tier 2: Generic		$5	$15
Tier 3: Preferred Brand	**Insulin**	$35	$35
	Other Drugs	$42	$47
Tier 4: Non-Preferred Drug		35%	35%
Tier 5: Specialty Tier		30%	30%
Part D Out-of-Pocket Maximum		**$2,100**	
Catastrophic Coverage Stage		$0	

$0 Prescription Drugs

$0 on Tier 1 drugs with no deductible are available at SCAN preferred pharmacies.

Dental Services	SCAN Classic	
Dental coverage to support your overall health.	**Dental Plan C73**	**PPO Dental**
	These dental services are included in your plan	**$55 monthly premium**
DIAGNOSTIC AND PREVENTIVE DENTAL		
Oral Exams (2 per year)	$0	$0
Dental X-rays (2 per year)	$0	$0
Prophylaxis (cleaning - 2 per year)	$0	$0
COMPREHENSIVE DENTAL		
Restorative Services (fillings, crowns)	$8-$395	$8-$395
Endodontics (root canals)	$5-$395	$5-$395
Periodontics (deep cleaning - 2 per year)	$0-$380	$0-$380
Prosthodontics, removable (tooth replacement/dentures)	$13-$395	$13-$395
Prosthodontics, fixed (bridges, permanent dentures)	$25-$395	$25-$395
Oral and Maxillofacial Surgery (tooth extractions, jaw surgery)	$0-$140	$0-$140
PLAN COVERAGE		
Annual Maximum	No annual max	50% cost share for Out-of-network services $2,000 coverage limit for Out-of-network services[1]

SCAN COVERS THESE VALUABLE EXTRAS

Extras that help you stay healthy and independent

Benefits	SCAN Classic
Vision (routine)	
Eye exam	$0 (1 every 12 months)
Coverage for eyewear	$300 limit allowance every 2 years
Hearing	$550-$850 per aid/year
Transportation*	$0 (40 one-way trips per year)
FlexEssentials Card	
Over-the-counter products (OTC)	$50 per quarter with rollover can be used on OTC products (mail order or CVS retail stores)
Fitness	$0 (One Pass)
Acupuncture and Chiropractic Services (routine)	$5 per visit (20 visits/year combined)

Extras that connect you to even more care and support

Benefits	SCAN Classic
At-Home Support**	After hospitalization, after a hip or knee replacement, or assistance with two or more activities of daily living.
Respite	Not covered
In-Home Care Visits	$0 for personal in-home care visits, up to 40 hours over 10 visits per year
Meals (post-hospitalization)	Not covered
Meals (chronic conditions)	$0 for home-delivered meals, up to 28 days or 84 meals
Care Memory Assistance Program (Care MAP)	$0 Comprehensive assessment, care planning, 24/7 support line and caregiver training for individuals with a diagnosis or at risk for dementia.
Telehealth Urgent Medical	$0
Telehealth Behavioral Health	$0
Nurse Advice Line	$0 (per phone visit)
HealthTECH+	$0 support line or home visit
Personal Emergency Response System (PERS)	$0 (includes installation and monthly fees)
Worldwide Care	Urgent or emergency care when outside of the U.S.

*50-mile limit will apply to each one-way trip. **Criteria and limitations apply.

TAKE A LOOK AT THESE PLAN HIGHLIGHTS

Pharmacy benefits that are easy on your wallet
Starting with $0 for drugs on Tier 1 of our generous Formulary (list of covered drugs), to a low out of pocket maximum.

Over-the-Counter (OTC) coverage with CVS
Use the SCAN FlexEssentials card on eligible OTC items. Shop at your local CVS Pharmacy for the biggest selection and savings. Or, order online or over the phone.

Fitness benefit that leaves no excuses
From a wide range of fitness locations—including popular specialty clubs—to at-home classes and personalized programs, One Pass is your one-stop fitness shop.

See clearly with your SCAN vision benefit
Have your vision checked every year at an EyeMed vision provider—then spend your allowance on your choice of prescription eyewear, whether glasses or contacts.

A BETTER MEDICARE EXPERIENCE

SCAN was founded by seniors, for seniors in 1977.
Since then, we've become an award-winning
Medicare Advantage plan -with a difference.

We're proudly nonprofit.
We don't have shareholders we have to please.

Instead, we have members looking to us to
give them a better Medicare experience.
One that's based on quality, senior-focused care and
award-winning service. That's our commitment to you.

We look forward to showing you the SCAN difference.

scan™

www.scanhealthplan.com
1-877-870-4867 (TTY: 711)

SCAN Classic (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. Other providers and pharmacies are available in SCAN Health Plan's network.

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.

[1]You are responsible for costs beyond the maximum coverage amount for out-of-network DPPO services.

You won't pay more than $35 for a one-month supply and no more than $105 for a three-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. Most adult Part D vaccines are covered by our plan at no cost to you, even if you haven't paid your deductible. For more information, please refer to your "Drug List" (Formulary). If you have questions about the Drug List, you can also call Member Services. Prescription copay/coinsurance may vary by plan, county, pharmacy type (e.g., Preferred or Standard, etc.), day supply, Part D benefit phase, or in members who 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 Member Services for details (phone numbers for Member Services are printed on the back cover of your Evidence of Coverage).

You can get prescription drugs shipped to your home through our network mail-order delivery program. Express Scripts Pharmacy℠ 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.

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